COOPER NUCLEAR STATION

THE STRATEGIC IMPROVEMENT PLAN (TIP)

Revision 1 – June 10, 2002

MISSION STATEMENT

On March 8, 2002, a TIP workshop was held at CNS, attended by management team members and volunteer employees from the Behavior Change Agent Network (B-CAN). The composite team established the following Mission Statement for TIP:

Complete urgent Phase I "Tactical Actions" that will enable the NPPD Board to make a positive business decision to operate CNS past 2004. These actions will:

- *Establish regulatory margin*
- *Maintain or increase nuclear and personnel safety*
- *Meet production and financial goals*

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Letter to Employees and Stakeholders

The purpose of this introductory letter to employees and stakeholders is twofold. The first purpose is to introduce The Strategic Improvement Plan (TIP) Revision 1. The second purpose is to again clearly communicate our priorities.

As was stated in the letter that accompanied Revision 0, TIP is our path to future success. One of our major challenges going forward is to align our work efforts around both TIP action plans and the priority corrective actions that are not specifically identified in TIP, but are contained in the corrective action program inventory. It is imperative that we constantly check this alignment by asking, "How does what I am doing today tie in with actions in TIP and other priority work identified in the Corrective Action Program?"

We must also relentlessly challenge and monitor the performance measures identified in TIP, learning to make systematic and timely adjustments if the actions we are taking are not producing the desired results. Our communication and change management efforts over the last several months have been targeted at improving our alignment. Future communication and change management initiatives will be similarly targeted.

As to our priorities, we have talked about the significant effort we are undertaking, and how it could affect our task performance. We want to reiterate that our most important priority is to **operate the plant safely at all times**, using the proven nuclear safety fundamentals and techniques that form the core of our training. This will be done through a strong focus on **operations and human performance.** We must **continue to place our highest priority on the protection of the health and safety of the public,** which is why you will continue to see such a high priority placed on **improving emergency preparedness.**

Improved use of continuous improvement, which includes self-assessment, operating experience, quality assurance and the corrective action program, is at the core of being able to reach sustained high levels of performance. All of the evaluation and assessment work we have done over the past two months, as part of the TIP development process, has pointed to a need for prompt actions to bring our corrective action program implementation up to best industry performance.

As we approach the actions to improve performance, we want to reaffirm our commitment to the right of employees to raise safety issues or concerns, either to or through the supervisory chain up to us or Mr. Mayben, directly to our Employee Concerns Program Coordinator, our Quality Assurance Department, or if needed, to the Nuclear Regulatory Commission. This is a fundamental right in the nuclear business, and should be safeguarded by all of us.

We would personally like to thank you for your work since the first week of April in completing all of the complex evaluation, assessment and development work needed to prepare TIP Revision 1, while continuing to operate the plant safely. We have made some progress in areas like human performance as a result of actions implemented through TIP Revision 0. Similar improvement is required in implementation of the corrective action program.

We welcome any feedback on TIP or on our improvement efforts. We are both proud to be members of the CNS team and look forward to being part of a bright future for Cooper Nuclear Station, our employees and stakeholders.

M.T. Coyle
Site Vice President

Dave Wilson
Vice President - Nuclear and Chief Nuclear Officer

AFFIRMATION

The following NPPD and CNS leaders commit to the individual, team and organizational behavior changes necessary to ensure successful results with both the The Strategic Improvement Plan (TIP) and the longer-term transition to Excellence.

The following signatures denote that the subject document is complete and accurate to the best of the signers' knowledge.

D. Wilson
Vice-President and Chief Nuclear Officer

M. Coyle
Site Vice-President

J. Hutton
Plant Manager

P. Caudill
General Manager – Engineering and Technical Services

J. Christensen
Nuclear Training Manager

R. Gardner
Operations Manager

N. Wetherell
Maintenance Manager

W. Macecevic
Work Control Manager

R. Estrada
Performance Analysis Manager

T. Chard
Radiological Manager

D. Kunsemiller
Risk and Regulatory Affairs Manager

P. Fleming
Nuclear Licensing and Safety Manager

K. Sutton
Risk Management Supervisor - Acting

D. Cook
Senior Manager Emergency Preparedness

G. Casto
Emergency Preparedness Manager

M. Boyce
Senior Manager Technical Services

L. Croteau
Manager Organizational Development

J. Ranalli
Senior Manager Engineering

F. Diya
Plant Engineering Manager

L. Schilling for LAS
Administrative Services Manager

K. R. Jones
Design Engineering Manager

J. Salisbury
Engineering Support Manager

J. Lewis
Fuels and Reactor Engineering Manager

R. Dewhirst
Nuclear Projects Manager – Acting

D. Meyer
Senior Manager Site Support

C. Kirkland
Nuclear Information Technology Manager

M. Faulkner
Security Manager

G. Smith
Project Manager

L. Wetherell
Executive Assistant to Vice-President

H. Minassian
Material Services Manager

S. Brown
Business Services Manager

D. Blythe
Senior Project Manager - TIP

B. Toline
95003 Inspection Project Manager and
Quality Assurance Audit Supervisor

D. Robinson
Senior Manager Quality Assurance - Acting

D. Linnen
INPO Representative, Rotation – 95003/TIP

J. Fox
Outage Manager

1.0 INTRODUCTION

While Cooper Nuclear Station (CNS) is being operated in a manner that preserves public health and safety, overall station performance has become a source of increasing concern to Nebraska Public Power District (NPPD) employees and management, the Board of Directors, the Nuclear Regulatory Commission (NRC), and other stakeholders. As a result, NPPD management has taken several actions to address this performance concern.

In the fall of 2001, NPPD retained a new Vice President - Nuclear and Chief Nuclear Officer, Site Vice President, Plant Manager, and several new Managers. The team quickly recognized the need for immediate change in several areas, including responsiveness of CNS employees to effective corrective actions and improved human performance.

In response to these observations, changes were made in the structure and behaviors of the Condition Review Group (CRG), the body that reviews newly initiated problem identification reports (Notifications). In the Emergency Preparedness area, changes were initiated to enhance Emergency Response Organization performance. Senior management also began to address other specific programs and processes that were performing below industry-accepted standards. A list of site-wide focus areas was defined and communicated, and action plans were developed to address needed short-term improvements.

New performance measures and indicators were adapted utilizing industry best practices provided through the Institute for Nuclear Power Operations (INPO). The cycle and frequency for review of these new performance indicators was increased, providing for the weekly review of performance in areas most in need of immediate improvement. A new monthly Management Performance Review Meeting (MPRM) was established to review performance results in the above-mentioned focus areas.

The combination of these changes has resulted in performance improvements in some areas, including Human Performance Event Frequency, CAP On-Time Completion, and Industrial Safety Accident Rate (ISAR).

The improvement effort initiated in the fall of 2001 has evolved into a formal initiative entitled The Strategic Improvement Plan (TIP). TIP Revision 1 contains the following sections:

- Section 2 describes the purpose of this plan.
- Section 3 describes the evaluation and assessment process used to develop TIP Revision 1 performance issues.
- Section 4 describes TIP development process.
- Section 5 describes TIP action plans with individual action plans included as attachments in Section 8.
- Section 6 describes TIP performance management process.
- Section 7 outlines the role of the CNS Quality Assurance organization in providing oversight of TIP activities.
- Section 8 provides supporting documents as attachments.

2.0 PURPOSE OF PLAN

TIP is a long-term, broad-based plan that contains corrective actions and enhancements that will help lead CNS toward excellence through a phased approach. As such, TIP describes CNS' path to future success and contains actions that are of interest to a wide variety of employees and stakeholders. Since CNS entered the repetitive degraded cornerstone status of the NRC Reactor Oversight Process Action Matrix on April 1, 2002, TIP will also satisfy the requirement of the Action Matrix to develop and submit an improvement plan to NRC.

TIP Revision 2 will be submitted after receipt by NPPD of the NRC Inspection Procedure 95003 inspection report and will serve as a basis for the anticipated NRC Confirmatory Action Letter (CAL). Revision 2 will reflect the results of a detailed resource prioritization, estimating, planning and scheduling process. Some start and completion dates in Revision 1 may be adjusted through this process. Revision 2 will also include enhancements from continuing evaluations and additional actions resulting from the inspection or emerging issues. Specific performance improvement objectives or actions contained in Revision 2 will be identified as regulatory commitments.

3.0 DEVELOPMENT OF PERFORMANCE ISSUES

This section describes the evaluation and assessment process for developing the performance issues addressed in TIP Revision 1 action plans.

At the time TIP Revision 0 was developed and issued, two management assessments were commissioned to support the development of TIP Revision 1. The first, an External Assessment coordinated and prepared by Nuclear Management Company, LLC (NMC), focused on the reasons past assessments and improvement plans had not been successful in achieving lasting improvements in performance at CNS. The second, an Internal Assessment, was an evaluation of major past assessments and improvement plans to extract issues, analyze causal factors, and develop cause-and-effect relationships that could be translated into action plans designed to improve performance.

The key documents reviewed during the Internal Assessment effort included:

- 1994 Cooper Nuclear Station Diagnostic Self-Assessment
- 1994–96 Cooper Nuclear Station Restart Plan – Phase 1, 2, & 3
- 1996 CNS Engineering Self-Assessment
- 1996 INPO Training Accreditation Report
- 1998 CNS Strategy for Achieving Engineering Excellence
- 1998 CNS Final Site-wide Assessment Report
- 1998 INPO Assessment Report
- 1998–2001 NRC Inspection Reports
- 1999 Maintenance Department Improvement Plan
- 1999 Engineering Self-Assessment
- 1999 Team Exploration and Enhancement Report
- 2000 WANO Assessment Report
- 2000 INPO Training Accreditation Report
- 2001 CNS Site-wide Self-Assessment Final Report

- 2001 Maintenance Department Business Plan
- 2001 Quality Assurance Field Observations, Surveillances, and Audit Reports
- 2001 Corrective Action Program content
- 2002 Equipment Reliability Self-Assessment
- 2002 INPO Evaluation Field Notes

Some additional documents were added, in addition to the above initial list of documents, for completeness and as a result of expanding the target time-frame back to 1993:

- 1993 CNS Performance Assessment Project Report
- 1993 CNS - Corrective Action Program Self Assessment Report
- 1993 Enforcement Issues Investigation Team Report
- 1993 NPG Strategic Plan for Performance Improvement
- 1993 CNS - Common Cause Analysis
- 1994 CNS - Near Term Integrated Enhancement Program
- 1998 NRC Memorandum – Cooper Common Cause Analysis

External Assessment Results

The External Assessment was performed by a team composed of NMC personnel, CNS personnel, a representative from Utilities Services Alliance, Inc. (USA), and an INPO representative. The objectives of the review were to:

- Determine whether the identified assessments had been effectively translated into action plans by the organization.
- Determine how effectively associated action plans had been implemented by the organization.
- Recommend any improvements to the revision of TIP being developed at that time.

The External Assessment team found that various site-wide assessments reviewed were generally thorough, critical, and comprehensive. However, the team noted inadequate ownership and use of site-wide assessments performed between 1998 and 2001. Further, root and common cause analyses were not always performed to determine appropriate corrective actions. Also, the team concluded that action plans were not always developed to address performance issues and specific actions were not always entered into an effective tracking system. The single most important observation was that management involvement had been inconsistent and ineffective in recent years.

The team published four key recommendations, which are summarized below:

1. Assessments

   - Do not perform additional site-wide or global assessments in the near term. Limit future assessments to focused areas or follow-up effectiveness assessments.
   - Use the corrective action process for all of the findings from various self and independent assessments.
   - Require more intrusive management review of the results and planned actions from self-assessments. Hold people accountable for addressing self-assessment results.

2. Action Plans

   - Review 1995 and 1996 Phase 2 and Phase 3 improvement plans for focus and simplicity. Use these plans as a model for new action plans being developed.
   - Ensure your performance monitoring program has a measure of plan completion, and a measure of plan effectiveness.

- Ensure the plan closeout process is rigorous. Consider an independent assessment of plan effectiveness prior to closeout and make sure when a plan is closed with open follow-up items, that these items are included in a tracking system.

3. Management Monitoring

- Continue to implement the performance monitoring structure. Have clear expectations for associated meetings and reports.
- Raise the sense of urgency by increasing frequency of performance meetings to every two weeks.
- Make due date changes for regulatory commitments a significant event.

4. Oversight

- Clearly establish the expectations for Safety Review and Audit Board (SRAB), Quality Assurance (QA), Industry Advisory Group (IAG), and the new executive oversight group. Consider replacing the IAG with the new executive oversight group.
- Establish clear expectations for line management response to oversight group comments. Provide a report to senior NPPD management on line management responsiveness to the oversight groups.

The above recommendations have been generally addressed through the development of performance monitoring principles (see Section 6.0) and through management problem assessment and oversight activities.

Internal Assessment of Past/Known Problems

The previously identified list of documents and reports were reviewed by an independent team with the responsibility of ensuring that known issues and problems

that have most directly impacted Cooper Nuclear Station performance from 1994 to present were identified for capture in TIP Revision 1. The 1994 date was initially chosen because it appeared that this was the approximate point in time when the cyclic performance of CNS began. Later, the evaluation was expanded to include a number of documents from the 1993 time frame.

The team consisted of eight CNS employees and two external consultants who specialize in common cause analysis and improvement initiatives in the commercial nuclear industry. A team charter was developed which included assessment scope and direction. This charter was adjusted as needed throughout the process to ensure that the results would be useful and meaningful to the ongoing performance improvement efforts.

The review included INPO/WANO field notes and reports, numerous major self-assessments, several significant improvement plans and selected NRC reports. QA audit reports and a spot check of Corrective Action Program items for the year 2001 were also included in the review. From these source documents, key issues were extracted, categorized, integrated, and consolidated to facilitate common cause analysis. The resulting report, titled "Cooper Internal Assessment," was initially issued on May 6, 2002. This report was revised on May 29, 2002, to reflect the above stated additional documentation that was reviewed and to reorganize the results to be consistent with the conclusions drawn.

The review of the historical documents and reports, the data capture, analysis, and the reporting methodology involved a detailed and structured evaluation process. The objective of the evaluation was to identify the major historical contributors to ineffective CNS performance based upon results reported in prior plant assessments, performance improvement plans and key findings. After the initial review of each document was completed, the identified issues were grouped under common major categories that contributed to overall performance failures. Each of the major categories were then

analyzed to identify related issues that described more specific problems, attitudes, behaviors or activities that influenced the major contributors. The documents were then reviewed in detail to validate the issues, their category, and how the issues contributed to overall plant performance.

Team members presented their individual findings to the rest of the team in interactive brainstorming sessions. The presenters were challenged to identify, through their experience and these interactive discussions, any additional problem areas that were not identified in the initial review. The source documents were again reviewed as necessary to further validate the specific issues and define any common themes or areas throughout the reviewed documents. These results were then consolidated and integrated under a grouping of major contributors to overall CNS performance. A summary matrix was developed to illustrate the relationship between source document and the key issues that were the elements of major contributors to ineffective performance.

An Ishikawa cause-and-effect evaluation methodology utilizing fishbone diagrams to display results was applied to group issues that supported the causal factor category under a major contributor. These fishbone diagrams (see Attachment 8.3) helped to identify and assess interrelationships between effect, major contributor, causal factor categories, and causal factors with supporting issues. These fishbone diagrams have abbreviated descriptions for each of the components of the fishbone. This cause-and-effect analysis effort resulted in the causal factors and major contributors being combined under three Areas of Effect at CNS. These areas are:

1. Ineffective Performance as an Organization
2. Ineffective Execution of Work in the Station
3. Restraints to Compliant/ Reliable/Economical Operation

Each of the Areas of Effect then had their own defined major contributors; each major contributor having specific causal factor categories. As a result, over 1,000 unique line

item database entries from the historical reports were consolidated into 42 causal factor categories, which were then grouped under 13 major contributors leading to the three Areas of Effect stated above. Through the application of this process, the issues were compiled into a manageable configuration (the work breakdown structure) for the development of effective corrective action plans. The 13 major contributors follow:

1. Management Related Issues
2. Human Behavior Related Issues
3. Management of Change Related Issues
4. Communications Related Issues
5. Work Plan Development Related Issues
6. Work Plan Implementation Related Issues
7. Outage Planning Related Issues
8. Outage Implementation Related Issues
9. Corrective Action Related Issues
10. Supporting Functions and Services Related Issues
11. Oversight/Assessment Related Issues
12. Plant Equipment/System Related Issues
13. Special Project Related Issues

95003 Preparation Team

Another key effort involves CNS' preparation for anticipated issues that may be addressed during the NRC 95003 inspection. The preparation team is primarily responsible for ensuring clarity in the CNS position and validating the basis for action plans that are included in TIP. The process was designed to ensure that TIP adequately addresses the extent of condition and causal factors associated with CNS performance problems. The 95003 Preparation Team used the Internal Assessment report and the causal factor categories as the baseline document for the preparation review.

The 95003 preparation evaluation process is concluding in parallel with development of action plans and will be documented in 42 documentation packages. These packages address the extent of condition of the problems related to the specific causal factor groupings in the Internal Assessment. The goal was to ensure the action plans developed in the TIP will achieve the desired level of improvement. The extent of condition assessment was performed using the following steps:

1. Line items from the reports reviewed for the Internal Assessment were coded based upon the fishbone analysis work break down structure (WBS).
2. A database was created from specific line items that allowed the generation of reports for all line items related to a WBS causal factor.
3. A preliminary characterization of the line items was conducted for each causal factor. This characterization resulted in the development of bins describing the extent of condition related to the causal factor.
4. A review of historical information, including corrective action program documentation, was conducted to determine the reported status of action taken (resolved, partially resolved, or unresolved).
5. Areas for improvement were compared to TIP Revision 0 action plans to determine if new actions or revisions were required. Additional actions were recommended to line management for inclusion in action plans.
6. A comparison of the specific bins to related cause codes in the corrective action program was conducted. Trend graphs representing the period from 1/1/1999 to 5/1/2002 were generated. Also corrective action item descriptions included in those trends were produced. From this data, additional clarification of the characterization was provided.
7. Significant areas of improvement were identified to provide input to a final overall conclusion regarding the extent of condition assessment.
8. A final conclusion was developed from the activities above. Specific problem statements and causal factors were identified.

9. A management team review and action plan alignment session was held prior to TIP Revision 1 submittal to better ensure that managers and supervisors clearly understood the purpose and content of the plans. This effort resulted in further focusing of the action plans on the underlying issues and concerns.
10. A documentation package was developed. The associated problem statement and causal factors are being entered into the Corrective Action Program.
11. An independent validation was performed to ensure the quality of the overall package and report.
12. Additional areas for improvement that are identified are being entered into the Corrective Action Program.

4.0 TIP DEVELOPMENT PROCESS

The development of TIP is designed to be an integrated, evolutionary endeavor. The action planning process allows for the screening, prioritization, planning and scheduling of corrective action items as inputs are received over the life cycle of the Plan. As such, TIP is a living document and is subject to revision and updating as future evaluations, assessments and issues dictate. TIP Revision 0 was issued on April 8, 2002. TIP Revision 1 is issued June 10, 2002, and will also be used by the NRC to conduct its 95003 inspection. The next planned revision (Revision 2), will be published after receipt of the NRC 95003 inspection report.

TIP Revision 0 included focus area action plans for the following key areas, which evolved from the site-wide focus areas:

- Management Effectiveness
- Human Performance Fundamentals
- Corrective Action Program Effectiveness
- Emergency Response Organization Performance
- Operational Focus and Alignment
- Training Program
- Outage Planning and Effectiveness
- On-line Work Management
- Equipment Reliability
- Engineering Programs
- Fiscal Discipline

A Phased Approach

The planned actions in TIP Revision 0 were divided into three implementation phases to accommodate evolution and change, as dictated by future evaluations, assessments, and inspections. This phased approach allows the station to apply critical manpower

resources to work on high priority, short term actions, while beginning the structured and methodical development of longer-term strategic initiatives. Phase I is tactical and defines the highest priority actions that needed to be implemented in 2002. These actions were intended to address critical performance deficiencies in a number of key focus areas. Phase II addresses strategic actions that would be implemented in the 2002 through 2003 timeframe and involves more complex plans evolving from internal or external assessments. Phase III involves strategic actions that would support transition towards 2004 and beyond.

TIP Revision 1 Transition

Although the distinction between individual phases of implementation is not explicitly denoted in the action plans, the principle remains that TIP implementation will be accomplished in a phased approach. In fact, the TIP Revision 1 action plans encompass both tactical high priority actions that have been started and will be completed in 2002 to address critical performance deficiencies and strategic actions. These tactical actions, many of which were identified in TIP Revision 0, are focused on correcting the highest priority performance issues at CNS.

TIP Revision 1 action plans also include strategic actions that will be implemented starting in the 2002 through 2003 timeframe using the action plans that evolved from the findings and recommendations in the internal or external assessments. Thus TIP Revision 1 action plans comprise both tactical (Phase 1) and strategic (Phase II) actions that have been identified to date. Consequently, the distinction between these classes of actions is not made in the action plans. It is expected that between the submittal of Revision 1 and Revision 2, some additional actions or action step modifications may be introduced to ensure the successful outcome of the action plans and to address any emergent issues. Successful completion of these action plans will result in improvements that meet CNS annual goals for improved performance as captured in the performance measures.

Phase III will define strategic actions to support transition towards 2004 and beyond when CNS will return to its strategic business planning and continuous improvement plans to govern the objectives for the station. These actions have not been developed at this time, but will be captured in a subsequent revision of TIP.

The Pillars of Excellence

Actions to improve performance have recently been organized into four areas of improvement referred to as Pillars of Excellence -- Organizational Excellence, Operational Excellence, Equipment Excellence, and Training Excellence. This performance improvement and monitoring model was introduced at this stage to facilitate later transition to strategic business planning and continuous improvement processes. The Pillars of Excellence also were selected as the preferred method for organizing CNS performance management and monitoring activities. Benchmarking of other industry improvement and business plans have demonstrated that these Pillars of Excellence generally represent those fundamental areas of plant operation that must be present to sustain top level performance. Thus TIP is organized to promote a transition to a long-range plan centered on the four Pillars of Excellence.

The Use of Action Plans

Action plans, which are discussed in Section 5.0, are the implementing document for TIP Revision 1. They are collated by their associated Focus Areas and serve as the key tool for implementing the "pillars" concept. The action plans themselves are controlled separately and included as attachments in Section 8 of TIP Revision 1. The methodology used to develop and validate the issues and TIP action plans provide confidence that the extent of condition, which led to lack of performance improvement at CNS, is well understood and will be addressed by the resulting action plans. As noted elsewhere, TIP and individual action plans will be living documents which will be revised as appropriate to ensure the action steps are comprehensive and address the

underlying problems and causal factors. A revised set of action plans will be included in TIP Revision 2.

The format of TIP Revision 1 also modifies the Revision 0 approach to improve the workforce's ability to understand and implement the plan. In this regard, nearly all of TIP Revision 0 actions have been brought forward and included in TIP Revision 1 action plans to maintain the integrity of the original actions. Actions that were not integrated into the Revision 1 action plans were either consolidated with other steps or replaced by new action steps.

Increase in the Number of Focus Areas

The completion of the External and Internal Evaluations of past assessments, management review of the TIP Revision 0 and Revision 1 action plans and the introduction of the Pillars of Excellence has resulted in the following 18 focus areas under which the individual action plans will be managed:

- Management Effectiveness
- Change Management
- Communications
- Human Performance
- Oversight & Assessment
- Fiscal Responsibility
- Operationally Focused & Aligned Organization
- Emergency Preparedness
- Outage Plan Development
- Outage Execution
- Work Package Development
- Work Implementation
- Corrective Action, Operating Experience, Self-Assessment
- Functions & Services

- Material Condition & Equipment Reliability
- Programs
- Key Modifications, Projects, Configuration
- Training Program

Attachement 8.1 provides an index of TIP Revision 1 action plans, organized by focus area within each of the Pillars of Excellence. The number and scope of TIP Revision 1 action plans is significantly greater than existed in TIP Revision 0. This is the result of the Evaluation efforts discussed in Section 3 above.

Performance Indicators (Action Plans and Station)

Individual action plans establish objectives for improvement in specific performance areas. These targets are to be reflected on the associated performance indicators and will be monitored as the action plans are developed.

As noted earlier, a higher level set of site-wide performance indicators has been developed to measure station performance. These performance indicators are also referenced in the appropriate action plans. Summary sheets for these performance indicators are provided in Attachment 8.2. They are the means to monitor CNS progress toward station performance targets. Target performance levels for 2002 have been established and are reflected on the performance indicator summary sheets attached in Attachment 8.2. CNS management will be setting performance goals for each future year based on the level of performance achieved in the year completed and the level of performance required to achieve the next step toward top quartile performance.

5.0 ACTION PLANS

As noted, action plans are the primary tool for documenting and tracking performance improvement progress and closure. These plans have defined owners and clear and concise problem statements. Specific actions are assigned to individual employees and will have firm start and finish dates, deliverables, and associated performance indicators.

Subsequent to the issuance of Revision 1, NPPD will augment the attached action plans by adding resource requirements, further sequencing the implementation of actions based on priority and modifying start and finish dates as appropriate. This may also include additional action steps or consolidation of action steps where there is synergy or duplication among action plans. Revision 2 of TIP (and accompanying action plans) will be resource loaded along with other baseload work at the station.

Action Plan Numbering

The following numbering system is used to identify action plans within their Focus Area and Pillar of Excellence. Two digit reference topics represent the Pillars of Excellence. Three digit reference topics represent Focus Areas. Four digit topics represent action plans. A full index of the action plans is provided at the beginning of Attachment 8.1.

5.1 ORGANIZATIONAL EXCELLENCE

- 5.1.1 Management Effectiveness
- 5.1.2 Change Management
- 5.1.3 Communications
- 5.1.4 Human Performance
- 5.1.5 Oversight & Assessment
- 5.1.6 Fiscal Responsibility

5.2 OPERATIONAL EXCELLENCE

- 5.2.1 Operationally Focused & Aligned Organization
- 5.2.2 Emergency Preparedness
- 5.2.3 Outage Plan Development
- 5.2.4 Outage Execution
- 5.2.5 Work Package Development
- 5.2.6 Work Implementation
- 5.2.7 Corrective Action, Operating Experience, Self-Assessment
- 5.2.8 Functions & Services

5.3 EQUIPMENT EXCELLENCE

- 5.3.1 Material Condition & Equipment Reliability
- 5.3.2 Programs
- 5.3.3 Key Modifications & Projects; Configuration

5.4 TRAINING EXCELLENCE

- 5.4.1 Training Program

6.0 PERFORMANCE MANAGEMENT

This section describes the performance management processes and practices that will be used to ensure that each individual action plan and respective groupings of action plans are successful in improving performance. These processes and practices are necessary for achieving targeted levels of improved performance for a sustained period and as a part of confirming successful completion and closure of the action plans. This section also describes required actions to resource load and schedule the steps in each of the action plans comprising TIP Revision 1 as well as an oversight process through which targeted goals for applicable performance indicators are established.

The integration of action plans, assigning identified owners, commitment of appropriate funding and staffing, establishment of reasonable schedule dates, identification of performance measures, and the application of a well-defined closure criteria all support a proven formula for success. This approach to performance improvement inherently requires that TIP remain a "living document" until it is demonstrated that each action plan has addressed the underlying cause(s) of the stated problems from both an immediate and recurrence prevention perspective. The mechanisms for ensuring that performance problems and action plan steps in TIP will be tracked via the Corrective Action Program are also described in this section.

Active and sustained monitoring of performance and clear assignment of responsibility and accountability will be applied to ensure effective implementation of TIP Revision 1 action plans. Sustaining the monitoring and oversight by management will set TIP apart from prior improvement initiatives at CNS.

6.1 Action Plan Implementation

Acceptable action plan implementation relies on clearly understanding and articulating the "problem," having plan activities that are clearly understood by those responsible for implementation and by the

stakeholders who are impacted by the activity, and having accountability for completing the actions stated, and ensuring that the action addresses the underlying causes.

6.1.1 Responsibilities

Each of the TIP Revision 1 action plans identifies both an action plan owner and a focus area owner. In addition, each action plan step has a specific individual who has been assigned responsibility for its timely implementation. Responsibilities of these individuals are summarized below:

- The action step owner is responsible for completing the assigned action step commensurate with the completion date specified therein.
- The action plan owner is responsible for ensuring the on-time completion of all action steps, as approved. The owner is also responsible for associated performance monitoring activities, and the execution of effectiveness evaluations. The action plan owner must ensure that the action steps achieve the defined action plan objective.
- The focus area owner is responsible for ensuring on-time and effective implementation and completion of all action plans in the assigned focus area. As a result, the focus area owner must stay apprised of the progress made by action plan owners in the implementation of individual action steps. Any necessary scope changes, schedule changes, or resource changes occurring at the action plan level must be approved by the Site Vice President upon recommendation by the focus area owner.
- The Site Vice President is responsible for the overall implementation of TIP and will review all completed action plans

for closure following completion and evaluation of the action plan for effectiveness.

6.1.2 Integrated Schedule

The actions outlined in TIP Revision 1 will be scheduled in Systems and Applications in Data Processing (SAP), the station's work management system, using the Project System module. An integrated project schedule containing all actions in TIP Revision 1 will be developed and integrated with other Site activities. The project schedule will be updated by the action plan owner. Each activity will be updated on a monthly basis, at a minimum, in SAP.

6.1.3 Use of the Corrective Action Program

A flow chart showing the coordination between TIP Revision 1, the corrective action process, and TIP Revision 2 development is included in Attachment 8.3. This process shows that during development of issues and associated action plans, problem statements and associated apparent causes/causal factors are entered into the corrective action process and assigned to an action plan owner or focus area owner as appropriate.

The corrective action process will be followed to ensure that the apparent causes are validated and corrective actions are appropriate. Any action plan changes resulting from this process will be reflected in TIP Revision 2.

6.2 TIP Progress Review Meetings

6.2 TIP Progress Review Meetings

Each focus area owner will monitor progress and effectiveness of the assigned action plans under his/her supervision. Overall progress toward completing TIP action plans will be reviewed monthly, at a minimum, in a regularly scheduled TIP Progress Review Meeting. These meetings will be chaired by the Site Vice President and attended by members of the management team. The purpose of the meeting will be to review the completion progress of TIP action plans and the effectiveness of actions being completed and to hold focus area owners accountable.

6.3 Management Performance Review Meetings (MPRM)

In addition to TIP Progress Review Meetings, the site conducts monthly meetings to review overall plant and organizational performance based on associated sets of performance indicators. TIP performance indicators will be reviewed as part of the monthly MPRM to monitor and determine if appropriate progress is being made.

6.4 Action Plan Closure Process

The following summarizes the action plan closure process for TIP.

6.4.1 Action Step Closure

As each step in an action plan is completed it is documented and reviewed through the closure process. The action plan owner and the focus area owner are responsible for ensuring that the completion of an action item is documented and preparing the

closure package. An independent review of the action item closure documentation is then performed.

6.4.2 Action Plan Effectiveness Review and Closure

When all steps of the action plan are completed, an effectiveness review is performed and documented. A final closure package is then prepared which documents the results of the effectiveness review and closure of the plan. The package is then reviewed and signed by the responsible individuals as described in 6.4.1. Finally, the action plan closure package is submitted to the CNS Site Vice President for approval.

6.5 Senior Management Oversight

Senior Management Oversight will be accomplished through management reporting and reviews with the CNS Site Vice President and the Vice President-Nuclear and Chief Nuclear Officer.

The Vice President-Nuclear and Chief Nuclear Officer has been and will continue to report TIP progress and station performance to the NPPD President and CEO and the NPPD Board Nuclear Committee on a monthly basis.

In addition, an Executive Steering Committee has been constituted to provide guidance, direction and oversight as needed of the various efforts described in the plan. The Committee will report to the Vice President-Nuclear and Chief Nuclear Officer while providing advice and counsel to the TIP Senior Project Manager. The Committee consists of several nuclear power industry executives from organizations external to NPPD.

7.0 Quality Assurance Evaluation

Quality Assurance (QA) is developing a scoping plan for the consistent oversight of activities associated with the TIP. This scoping plan contains guidance for developing Quality Assurance evaluations of TIP. Specifically, the scoping plan ensures that QA activities are documented and performed in accordance with written procedures or checklists to verify, by examination and evaluation of evidence, that applicable elements of the TIP have been developed, documented, and effectively implemented. During these evaluations QA will:

- Ensure deficiencies are documented in notifications, if appropriate. Timely discussions regarding those concerns will be conducted with appropriate levels of supervision and management for the affected area.
- Use existing processes for emergent issues and/or escalation as necessary.

8.0 ATTACHMENTS

8.1 Action Plan Index and Action Plans

8.2 Site-Wide Performance Indicators

8.3 Charts and Diagrams

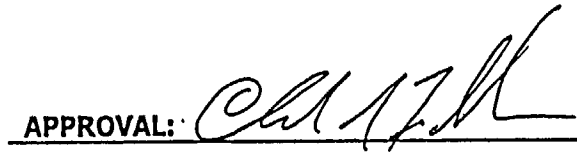
Attachment 8.1

Action Plan Index and Action Plans

Action Plan Index

		TIP Action Plans			
Excellence Pillar	Focus Area	Action Plan #	Action Plan Title	Action Plan Owner	Focus Area Owner
5.1 Organizational Excellence					
	5.1.1 Management Effectiveness				
		5.1.1.1	Organizational Alignment	Chuck Fidler	M. Coyle
		5.1.1.2	Accountability	L. Croteau	M. Coyle
		5.1.1.3	Prioritization & Planning	B. Macecevic	M. Coyle
		5.1.1.4	Organizational/Human Behaviors	E. Cade	M. Coyle
		5.1.1.5	Management Observation Program	D. Linnen	M. Coyle
		5.1.1.6	Performance Monitoring	Jim Dutton	M. Coyle
		5.1.1.7	Succession Planning	L. Croteau	M. Coyle
		5.1.1.8	Learning Organization & Industry Participation	G. Smith	M. Coyle
		5.1.1.9	Program Management	M. Boyce	M. Coyle
	5.1.2 Change Management				
		5.1.2.1	Programmatic/Process Changes	Ralph Drier	Paul Caudill
	5.1.3 Communications				
		5.1.3.1	External Communications	Dave Kunsemiller	Paul Caudill
		5.1.3.2	Combined with 5.1.2.1		
	5.1.4 Human Performance				
		5.1.4.1	Pride/Excellence	David Montgomery	Jim Hutton
		5.1.4.2	Trust/Culture	David Montgomery	Jim Hutton
		5.1.4.3	Teamwork (To be developed for Rev 2)		
	5.1.5 Oversight & Assessment				
		5.1.5.1	Oversight & Assessment	R. F. Drier	R. M. Estrada
	5.1.6 Fiscal Responsibility				
		5.1.6.1	Fiscal Policy Improvement	Sharon Brown	Laurie Wetherell
5.2 Operational Excellence					
	5.2.1 Operationally Focused & Aligned Organization				
		5.2.1.1	Create an operationally focused and aligned organizational culture	Terry Borgan	Rick Gardner
	5.2.2 Emergency Preparedness				
		5.2.2.1	Emergency Response	Greg Casto	Dave Cook
	5.2.3 Outage Plan Development				
		5.2.3.1	Outage Management	Jeff Fox	Jeff Fox
		5.2.3.2	Planning/Timeliness	Jeff Fox	Jeff Fox
		5.2.3.3	Scheduling/Monitoring	Jeff Fox	Jeff Fox
	5.2.4 Outage Execution				
		5.2.4.3	Monitoring	Jeff Fox	Jeff Fox
		5.2.4.4	Contract Administration	T. Chard	Jeff Fox
	5.2.5 Work Package Development				
		5.2.5.1	Purpose/Accountability	Bill Macecevic	Bill Macecevic
		5.2.5.2	Completeness/accuracy/timeliness	Ken Talbott	Bill Macecevic
	5.2.6 Work Implementation				
		5.2.6.1	Work Practices	Neal Wetherell	Neal Wetherell
		5.2.6.2	First Line Supervision	Neal Wetherell	Neal Wetherell
		5.2.6.3	Technical Support/Lessons Learned	Neal Wetherell	Neal Wetherell
	5.2.7 Corrective Action, OE, SA				
		5.2.7.1	Improve Reinforcement of CAP Standards and Expectations	Roman Estrada	Roman Estrada
		5.2.7.2	Root Cause	Roman Estrada	Roman Estrada
		5.2.7.3	Improve Utilization of OER	Roman Estrada	Roman Estrada
	5.2.8 Functions & Services				
		5.2.8.1	Vendor Manual Upgrade Program	Keith Wright	Laurie Schilling
		5.2.8.3	Procedure Change Process	Jay Scheuerman	Laurie Schilling
5.3 Equipment Excellence					
	5.3.1 Material Condition & Equipment Reliability				
		5.3.1.1	System/Equipment Performance	Terry Borgan	Fadi Diya
	5.3.2 Programs				
		5.3.2.1	Programs	S. Freborg	J. Salisbury
	5.3.3 Key Modifications, Projects, Configuration				
		5.3.3.1	Design Basis Information/Licensing Basis Information (DBI/LBI) Translation Project	K. Jones	K. Jones
		5.3.3.2	Offsite Power Reliability Improvement – Phase 1	J. Gausman	K. Jones
		5.3.3.3	Unauthorized Modifications Follow-up Project	J. Gausman	K. Jones
5.4 Training Excellence					
	5.4.1 Training Program				
		5.4.1.1	Management Ownership	John Christensen	John Christensen
		5.4.1.2	Evaluation and Qualification	John Westbrook	John Christensen
		5.4.1.3	Organizational Effectiveness	Tim Donovan	John Christensen
		5.4.1.4	Training Program and Process Enhancements	Bob Wulf	John Christensen

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Issues
ACTION PLAN TITLE: Organizational Alignment
ACTION PLAN NUMBER: 5.1.1.1
WBS CROSS-REFERENCE No: WBS # 1.1.1 and WBS 1.1.2
COMPLETION DATE: 12/04
ACTION PLAN OWNER: Chuck Fidler
FOCUS AREA OWNER: M. Coyle

APPROVAL: 

APPROVAL: M.T. Coyle

PROBLEM STATEMENT:

CNS personnel have not consistently been aligned around a common vision, goals, and priorities resulting in an organization which is not fully engaged to achieve improved performance.

CAUSAL FACTORS:

1. CNS management has not been aligned around or remained committed to a common vision or a common set of values and standards. (Actions 1, 2, 6, 8, 9)
2. Communication and reinforcement of goals, priorities, and standards has been ineffective. (Actions 2, 4, 5, 6, 8)
3. Management has not consistently maintained an infrastructure required to effectively achieve organizational alignment. (Actions 3, 6, 7, 9, 10)

The following Action Plans also address Causal Factor #3: 5.1.1.2, 5.1.1.3, 5.1.1.5, 5.1.1.6, 5.1.1.7, 5.2.5.1, 5.2.6.2, 5.2.7.2

DISCUSSION:

CNS personnel have not been consistently aligned around a common purpose, vision, and mission. High standards of performance have not been effectively established, communicated, and enforced throughout the organization. Senior management expectations for change and improved performance have not always been sufficiently clear and communicated, resulting in the workforce not being fully engaged to achieve improved performance. Station priorities are not consistently understood and have changed often. Goals and priorities are not always aligned among the various organizations.

What does success of this action plan look like?

Station personnel have a shared purpose. A clear and simple Vision and Mission statement is provided and daily activities have a direct line of sight to one or more of the "Pillars of Excellence." Clear Standards and expectations are established, communicated, and reinforced by a proactive and accountable Leadership Team who constantly and rigorously evaluate their decisions and actions against the "Pillars of Excellence." When distractions occur, the Leadership Team remains focused on plant operations and safety (Operationally Focused). Organizational and individual roles and responsibilities are defined. Workers, supervisors, and managers understand how they fit into the organization and how work gets done.

The Leadership Team systematically, rigorously, and consistently manages change through a formal method that ensures changes (including personnel, programs and processes) are thoroughly evaluated and communicated prior to implementation. Changes are evaluated to ensure the following items are clearly identified: intent of the change, definition of success, possibility and severity of potential unintended consequences, methods to monitor effectiveness of the change. (Change management is addressed in Action Plan 5.1.2)

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1.	Develop Short Term Mission Statement to incorporate in Revision 2 of The Strategic Improvement Plan.	C. Fidler	06/02	09/02	Mission Statement and supporting goals that reflects the emphasis on 1) Protecting the Health and Safety of the Public 2) Safe Operation of the plant 3) Effective use of the Corrective Action Program.
2.	Identify any additional actions necessary for TIP Rev 2 to provide a line of sight to the Short Term Mission.	C. Fidler	08/02	09/02	Actions identified and incorporated in Revision 2.
3.	Develop "On site Management Changes" Performance Indicator.	Jim Dutton	06/02	08/02	PI developed.
4.	Provide routine TIP status updates to CNS workforce to assure ongoing alignment and focus on station priorities.	G. Troester	05/02	09/02	Initial action will be to produce periodic updates of Action Plan Status and pending changes through issuing of revision 2. New action will be generated as part of revision 2.

5.	Formulate and execute a communication plan to assure station alignment around goals, priorities and actions in The Strategic Improvement Plan and around station values.	R. Drier	04/02	07/02	Communications plan developed and reviewed with Station Leadership Team.
6.	Review 0-CNS-24, "CNS Standards and Expectations" to ensure Standards in the procedure reflect the most current standards for excellence as defined by the various TIP Actions Plans.	C. Fidler	09/02	12/02	0-CNS-24 revised to incorporate necessary changes.
7.	Evaluate Organizational Alignment using the INPO Organizational Effectiveness Evaluation Tool and the Key Attributes of a High Performing Nuclear Organization.	C. Fidler	11/02	12/02	Report summarizing results of the Evaluation with recommended actions for continued improvement.
8.	Initiate a site wide review of the CNS Vision and Mission Statements for applicability as CNS prepares to shift from the Strategic Improvement Plan to a new Business Planning Process.	M. Coyle	06/03	10/03	Revised Vision and Mission Statements for incorporation in new business plan (Step 10).
9.	Evaluate Organizational Alignment using the INPO Organizational Effectiveness Evaluation Tool and the Key Attributes of a High Performing Nuclear Organization. (This will also serve as an Effectiveness Review for this action plan to determine if the plan can be closed)	C. Fidler	10/03	11/03	Report summarizing results of the Evaluation with recommended actions for continued improvement and incorporation into the new business plan (Step 10).
10.	Transition from The Strategic Improvement Plan to an annual business planning process. Establish a business planning process that aligns station priorities and goals with functional group priorities and individual performance plans.	M. Coyle	7/03	01/04	Business planning process that aligns individual performance with functional group performance that is aligned with Station priorities. (Line of sight)

PERFORMANCE INDICATORS:

- Operations Distractions (Red Arrows, Caution Tags, Danger Tags, Operator Work Arounds, etc) – Measure of Alignment to Operational Focus
- 12 Week Online Schedule Stability (T-9 to T-0) – Measure of Alignment to Operational Focus
- RE21 Outage Milestones – Measure of Alignment to Operational Focus
- CAP Performance Index – Measure of Alignment to Operational Focus
- On Site Management Changes – TBD - Measure of stability in the management staff

RESOURCE REQUIREMENTS: (TBD)

- List specific resource requirements for the action plan.
  - Manpower, internal, external, required skills and/or knowledge.
  - Materials and Supplies.
  - Equipment.
  - Facilities.

(Attached is a completed Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.1.1 - Management Issues – Organizational Alignment

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____2_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____1_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____2_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

3

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

3

Low:	**Score 5 to 10**	**21**
Moderate:	**Score 11 to 20**	
High:	**Score 21 to 30**	

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Issues
ACTION PLAN TITLE: Accountability
ACTION PLAN NUMBER: 5.1.1.2
WBS CROSS-REFERENCE No: WBS 1.1.1, WBS 1.1.3
COMPLETION DATE: 06/03
ACTION PLAN OWNER: L. Croteau
FOCUS AREA OWNER: M. Coyle

APPROVAL: _____

APPROVAL: _____

PROBLEM STATEMENT:

CNS performance has not substantially improved over the past decade. CNS has not followed through with commitments and change initiatives. Ownership and accountability weaknesses exist throughout the CNS organization. As a result, identified performance weaknesses have not been successfully resolved.

CAUSAL FACTORS:

1. A sense of accountability and ownership of plant activities is weak at all levels of the CNS organization(Action 2,3)
2. The management team has not effectively communicated and reinforced accountability behaviors throughout the CNS organization(Action 2).

DISCUSSION:

Station performance has been static for the past decade, as industry performance has dramatically improved. Performance weaknesses have been repeatedly identified and commitments have been repeatedly made to improve, but CNS has not successfully followed through with commitments and change initiatives.

What does success of this action plan look like?

What does success of this action plan look like?

Accountability behaviors are consistently demonstrated throughout the CNS organization. Station work groups will actively meet commitments to complete actions to improve performance. This will be reflected in positive trends in station performance indicators.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Complete a series of management team meetings to align CNS management around a common set of accountability behaviors.	M. Coyle	03/02	09/02	Accountability Behaviors defined and documented.
2	Develop and implement a plan to communicate, integrate, and reinforce the accountability behaviors throughout the CNS organization. The plan will include a methodology for self-assessing results.	L. Croteau and Management Team	08/02	12/02	Plan developed and implemented.
3	Using the "OZ" Program, train all employees on CNS Accountability Model.	L. Croteau	5/02	10/02	Documentation that all CNS employees received training. Work force aligned around accountability behaviors as reflected in Action Item 4.
4	Perform self-assessments of the station's implementation of the CNS Accountability Model.	Department Managers and L. Croteau	01/03	04/03	Combined results of self-assessments are presented to senior management team with appropriate recommendations.

PERFORMANCE INDICATORS:

List the Performance Indicators that will be monitored to determine the impact of the plan.

- CAP performance index
- OSHA recordable events
- Department event free clock resets due to procedure issues

RESOURCE REQUIREMENTS:

At least two instructors for conducting Accountability Training.

Training lesson plans and handouts.

Audio/visual equipment for training.

Rental of outside facility for training.

(Attach a copy of the completed Change Complexity Worksheet to the Action Plan)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.1.2 – Management Issues - Accountability

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____3_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____3_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

1

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

0

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

3

Low: **Score 5 to 10**
Moderate: **Score 11 to 20** **20**
High: **Score 21 to 30**

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Issues
ACTION PLAN TITLE: Prioritization & Planning
ACTION PLAN NUMBER: 5.1.1.3
WBS CROSS-REFERENCE No: WBS 1.1.3
COMPLETION DATE: 12/02
ACTION PLAN OWNER: B. Macecevic
FOCUS AREA OWNER: M. Coyle

APPROVAL: W. Macecevic / James M. McNellen for B. Macecevic
APPROVAL: M. T. Coyle

PROBLEM STATEMENT:

The station has had a long-term problem of being unable to effectively prioritize its workload. This has been reflected in overly ambitious plans and schedules in terms of both volume of planned work and timetables for completion, and inability to base plans and schedules upon available resources. Often the planning process itself has been a hurried, last minute activity. Integration of needed support activities between departments has often not occurred or has been conducted in haste. Due to these planning and scheduling weaknesses, unanticipated or emergent activities often interfere with completion of intended work activities.

CAUSAL FACTORS:

1. Management has not consistently promoted and implemented strategic or tactical plans. (Action plans: 5.1.1.3.1, 5.1.1.3.2, 5.1.1.3.3, 5.1.1.3.4, 5.1.1.3.6).
1. Priorities, schedules, and resource assignments are not effectively managed. (Action plans: 5.1.1.3.1, 5.1.1.3.2, 5.1.1.3.4, 5.1.1.3.6).
1. Consistent management focus, communication, and reinforcement around a common set of station priorities have been lacking and have thus failed to create an accountability environment desired to effectively bring performance improvement. (Action plans: 5.1.1.3.1, 5.1.1.3.6).
1. Management has not consistently set high performance expectations for station priorities and has not applied measures and performance indicators to monitor progress. (Action plans: 5.1.1.3.1, 5.1.1.3.4).

OBJECTIVE:

- Plans and schedules will be developed in deliberate, routine fashion. They will be based on realistic priorities. They will be based on available resources. Planning and scheduling will integrate the needed support activities between participating departments and groups. Input will be obtained from appropriate parties to minimize unanticipated/emergent interferences. Therefore, the plans and schedules will be achievable.
- Success will depend upon implementation of plans and schedules through effective preparation for and execution of the planned activities.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1.	Prepare a briefing paper covering the important points of procedure 0-NPG-4.12, the station work prioritization process specifically addressing how priorities are assigned and what is expected when conflicts arise. Cascade the briefing paper to site employees.	R. Jacobs	04/02	Rev. 0 Action Complete	Briefing paper on station work prioritization process distributed to station personnel
2.	Establish and communicate expectations for updating and use of the Integrated Site-wide Schedule to preclude over commitment of resources.	B. Macecevic	06/02	07/02	Guidance document developed & communicated to station staff.
3.	Benchmark a station that has an effective process for integrating station activities.	D. Blythe/B. Macecevic	08/02	10/02	Benchmarking performed and report developed
4.	Using the above benchmarking activity as an input, develop a process that improves coordination of projects and initiatives that fall both inside and outside of the 12-week schedule.	D. Blythe	10/02	02/03	Coordination process defined and institutionalized in appropriate station procedures.
5.	Perform review of the Integrated Site-wide Schedule to evaluate overall station resources utilization.	B. Macecevic	12/02	12/02	Self assessment preformed
6.	Implement a Station Resource Utilization Process to drive more effective utilization of resources that support Site projects and initiatives.	B. Macecevic	04/03	05/03	Process defined and incorporated in station policies
7.	Provide change management information to the station staff regarding the Resource Planning Process.	B. Macecevic	05/03	06/03	Completion of training documented in SAP

PERFORMANCE INDICATORS:

1) T-9 through T-0 Schedule Stability.	Produced Weekly
1) Total Online Maintenance Backlog (CM & Elective)	Produced Monthly
1) Past Due/Overdue PM Report	Produced Monthly
1) Engineering Product Delivery	Produced Monthly
1) Outage Milestones	Produced as Appropriate
1) CAP Composite Index	Produced Monthly

RESOURCE REQUIREMENTS: (TBD)

_ List specific resource requirements for the action plan.

_ Manpower, Internal, external required skills and/or knowledge.

_ Materials and Supplies.

_ Equipment.

_ Facilities.

(Attached is a copy of the Change Complexity Worksheet which must be filled out)

TIP
Change Complexity Worksheet

Description of the Change:

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____2_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____3_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____4_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____3_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

____3_____

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

_____3_____

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Issues
ACTION PLAN TITLE: Organizational/Human Behaviors
ACTION PLAN NUMBER: 5.1.1.4
WBS CROSS-REFERENCE No: WBS 1.2.1;1.2.2;1.2.3;1.2.4
COMPLETION DATE: 07/04
ACTION PLAN OWNER: E. Cade
FOCUS AREA OWNER: M. Coyle

APPROVAL: E. Cade
APPROVAL: M.T. Coyle

Problem Statement:

Behaviors exist within the CNS organization which continue to impact performance and ongoing change initiatives. Among these behaviors are: lack of trust, lack of pride, poor communication and weak teamwork. CNS management has not been fully effective in creating a station culture that supports improved and sustained performance.

Causal Factors:

1. CNS management has not aligned around, practiced, and enforced a common set of expected organizational and individual behaviors. (Actions 2,3,4)
2. Existing, site-wide cultural attributes are not fully understood by the CNS management team. (Actions 1,2,5)
3. CNS management has not aligned around and supported an infrastructure for assessing, trending, and correcting work environment and culture issues. (Actions 1,2,3,4,5)

Discussion:

Two SCWE surveys have been completed. As a result of information derived from these surveys, personal follow-up interviews with representatives from the Engineering group have been done which have validated the SCWE survey. "Compliments & Concerns" meetings are being held on a regular basis with CNS individuals and the site Vice President. The site Vice President has also communicated his support and expectations for the SCWE to the site through "All Hands" meetings and site email communications.

Organizational and human performance attributes exist within the CNS culture that have contributed to non-optimal performance and have diminished the success of change initiatives. Organizational obstacles, such as lack of trust, lack of pride, poor communications, and weak

teamwork, are evident within the CNS organization. These organizational/cultural attributes undermine performance improvement and change initiatives. Empowering broad-based action is not part of the station culture. Weaknesses exist in anchoring changes or new approaches in the culture.

What does success of this action plan look like?

Attributes of the CNS culture are understood by the CNS senior management team and station personnel. Tools are in place to routinely assess cultural strengths, weaknesses and trends. Cultural attributes and organizational behaviors support improved and sustained performance. Desired and expected behavioral attributes are understood and practiced by station personnel.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Conduct a comprehensive site-wide culture survey to assess attributes of the CNS culture and the CNS Safety Conscious Work Environment.	E. Cade	03/03	06/03	Survey.
2	CNS senior management review of the analytical results of the culture survey. Develop culture and organizational/behavioral change initiatives based upon the survey results.	M. Coyle & Line Managers	06/03	08/03	Follow-up report, or other document defining cultural and organizational/behavior changes.
3	Based upon results of the site-wide survey, develop and execute a strategy to reinforce/strengthen the CNS Safety Conscious Work Environment. Coordinate training with Employee Concerns Program to provide training on: *Safety Conscious Work Environment (ongoing training already being provided).	J. DeBartolo	07/03	02/04	Develop a strategy at a later date based upon data collected to address issues survey will provide. May address information by performing more in-depth interviews, chilling environment or workplace analyses, or providing information to management team for delivery to all employees.

4	Execute culture and organizational behavior change initiatives developed in response to improvement opportunity areas identified from the site-wide survey. Such initiatives could include: *Civil Treatment for Managers training *Phase I Supervisory Training *Delta Training *Interpersonal Management Skills Training *OZ Accountability Training *Management Observation Training	E. Cade	08/03	06/04	Improved organizational behavior as a result of a follow-up cultural survey.
5	Conduct a follow-up culture survey to assess the effectiveness of implemented culture change initiatives Safety Conscious Work Environment.	E. Cade	05/04	07/04	Completed survey

PERFORMANCE INDICATORS:

- NRC Allegation PI
- Turnover Rate PI
- Management Changes PI

RESOURCE REQUIREMENTS:

- Manpower, internal, external, required skills and/or knowledge. Prior to the application of the survey, initial work regarding station demographics, organizational makeup, etc. would need to be prepared. Possible training prior to survey may be required. Possible requirement for external source to conduct survey and compile results.
- Materials and Supplies. To Be Determined
- Equipment. To Be Determined
- Facilities. No additional facilities required.

(Attached is a copy of the Change Complexity Worksheet which must be filled out)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.1.4 – management Issues - Organizational/Human Behaviors

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments ... . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

___3_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____4_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____2_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

3

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

1

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

23

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Issues
ACTION PLAN TITLE: Management Observation Program
ACTION PLAN NUMBER: 5.1.1.5
WBS CROSS-REFERENCE No: WBS 1.1.1 , WBS 1.1.2
COMPLETION DATE: 06/03
ACTION PLAN OWNER: D. Linnen
FOCUS AREA OWNER: M. Coyle

APPROVAL: [signature] for DL

APPROVAL: M.T. Coyle

PROBLEM STATEMENT:

The frequency and quality of observations of field work activities by managers and supervisors have been insufficient to understand, identify and correct human performance problems.

CAUSAL FACTORS:

1. Standards and expectations for work performance are not routinely communicated and reinforced by managers and supervisors.(Actions 1,2,3)
2. The management team has not placed a high priority on field observations and, therefore, insufficient time has been devoted to this activity.(Action 2)
3. Field observations that occur are often focused on job status, housekeeping, and materiel condition and not on worker performance.(Action 2)
4. Minimal feedback is provided by managers and supervisors to individuals on their performance.(Action 3)

DISCUSSION:

The quality of field observations conducted by station managers and supervisors has been lower than desired. Periodic reports on the management observation process have not been in a format that is useful to line managers. Observations have not been used to consistently enforce standards and correct performance weaknesses.

What does success of this action plan look like?

Quality of management observations increases and remains high, as reflected in the observation quality indicator in the Performance Analysis Department's monthly report on management observations. Line managers use the observation reports to improve and sustain performance.

No:	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1.	Conduct INPO Observation Training for the management team.	D. Linnen	04/02	10/02	Completion of training documented in SAP.
2.	Implement a monthly review of management observations and issue report summarizing results of review.	A. Jacobs	04/02	Complete	Distribution of monthly report and review by management team.
3.	Establish observation quality indicator to be used by Department Managers in their review of effectiveness.	A. Jacobs	03/02	06/02	Quality indicator included in monthly report.
4.	Provide information to managers and supervisors on how to use the observation reports for their areas.	A. Jacobs	03/02	07/02	Guidance document provided to managers & supervisors.
5.	Benchmark a station that has an effective management observation program	R. Estrada	08/02	11/02	Benchmarking report.
6.	Revise or add observation performance indicators based on the above benchmarking activity.	A. Jacobs	12/02	12/02	New or revised performance indicators.
7.	Evaluate how effectively management observations are being used to improve performance. Use self-assessments as the tool to make this determination.	Operations, Maintenance, and Radiological Department Managers	05/03	07/03	Self-assessment reports.
8.	Upgrade use of management observations based on self-assessment results.	Operations, Maintenance, and Radiological Department Managers	08/03	08/03	Notifications written to change processes/ procedures/etc

PERFORMANCE INDICATORS:

- Indicators of quality and participation in management observations as contained in monthly reports from the Performance Analysis Department.

RESOURCE REQUIREMENTS:

- List specific resource requirements for the action plan.
  - At least two instructors to share responsibility for conducting Observation Training.
  - Training Lesson Plans and Handouts.
  - Audio/visual Equipment for conducting training.
  - Training building classrooms, trailer facilities, or off-site facilities in which to conduct training.

(Attached is a copy of the Change Complexity Worksheet which must be filled out)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.1.5 – Management Issues – Management Observation Program

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

____4____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

____1____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

____3____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

____1____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

____1____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

0

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

1

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

11

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Issues
ACTION PLAN TITLE: Performance Monitoring
ACTION PLAN NUMBER: 5.1.1.6
WBS CROSS-REFERENCE No: WBS 1.1.1
COMPLETION DATE: 12/03
ACTION PLAN OWNER: Jim Dutton
FOCUS AREA OWNER: M. Coyle

APPROVAL: James W. [illegible]

APPROVAL: M.T. Coyle

PROBLEM STATEMENT:

Monitoring and overseeing key aspects of plant operations against a set of identified goals, targets and/or milestones has not been effectively implemented, resulting in inconsistent accountability throughout the CNS organization for performance and improvement initiatives.

CAUSAL FACTORS:

1. Managers and supervisors have not been consistently held accountable for meeting performance goals and established milestones / due dates. (Action 1)
2. Lack of commitment to an infrastructure that supports and monitors station performance and change initiatives. (Action 1,2)

DISCUSSION:

Monitoring and overseeing key aspects of plant operation using performance metrics has not been adequately emphasized in the daily operation of CNS, and monitoring performance metrics to obtain an objective picture of station performance against management expectations and industry standards has not been routinely or consistently implemented throughout the CNS organization. Sustained improvements have not been realized from some change initiatives, partially due to underutilization of essential management tools such as performance indicators to hold the CNS organization accountable to goals and commitments.

OBJECTIVE:

The CNS management team effectively utilizes a set of site-wide performance indicators to monitor performance, sustain accountability, and correct performance weaknesses. Performance metrics and measuring tools are used by the CNS organization to meet due dates and commitments associated with station priorities and change initiatives. The CNS organization, and specifically the management team, is continually aware of station performance as compared to site expectations, goals and industry standards.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Establish a comprehensive set of site-wide performance indicators and formulate a process for routine status review of the indicators by the CNS management team.	J. Dutton		Complete	List of site-wide performance indicators that permit monitoring against site goals & industry standards.
2	Concurrent with Revision 1 and 2 of the CNS Strategic Improvement Plan, update the set of site-wide performance indicators, as appropriate, to reflect revisions to the Strategic Improvement Plan.	J. Dutton	06/02	08/02	Updated set of indicators that are consistent with revised Strategic Improvement Plan.
3	Conduct monthly management reviews of the site-wide performance indicators.	J. Dutton	01/02	Incorporate in Business Planning Process	Timely and effective management oversight of the site-wide performance indicators.
4	Formulate a process to routinely monitor and review the status of change initiatives and associated action plan activities identified in the Strategic Improvement Plan.	D. Blythe	05/02	06/02	CNS managers provide monthly update of the Strategic Improvement Plan
5	A monthly status report of the Strategic Improvement Plan will be prepared for and reviewed by the CNS management team.	D. Blythe	05/02	12/03	Monthly Status report delivered to Mgmt team
6	Revise 0-PI-01, Performance Indicator Program, to address Goal Setting	J. Dutton	07/02	09/02	Performance Indicator Procedure, revised to incorporate Goal Setting.

PERFORMANCE INDICATORS:

- Percent of planned monthly performance indicator review meetings conducted as scheduled.
- Percent of planned semi-monthly TIP status reviews conducted as scheduled.
- TIP action item completion data.

RESOURCE REQUIREMENTS: (TBD)

- List specific resource requirements for the action plan.
  - Manpower, internal, external, required skills and/or knowledge.
  - Materials and Supplies.
  - Equipment.
  - Facilities.

(Attached is a copy of the Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.1.6 – Management Issues – Performance Monitoring

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____1_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____1_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____1_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____1_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

0

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

3

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

12

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Issues
ACTION PLAN TITLE: Succession Planning
ACTION PLAN NUMBER: 5.1.1.7
WBS CROSS-REFERENCE No: WBS # 1.1.4
COMPLETION DATE: 12/03
ACTION PLAN OWNER: L. Croteau
APPROVAL: [signature]
FOCUS AREA OWNER: M. Coyle
APPROVAL: M.T. Coyle

PROBLEM STATEMENT:

High turnover of management personnel and extensive use of managers recruited from outside the company has diminished management alignment around common standards and values and has contributed to insufficient progress in achieving improved performance.

CAUSAL FACTORS:

1. CNS management has not aligned around a succession planning strategy and as such has not held itself accountable for consistently executing succession planning, employee development, and retention initiatives.(Actions 1, 2,9)
2. Program oversight and monitoring has not assured successful implementation of the existing succession plan program.(Actions 7,8)
3. Employee development and mentoring has not been an integral and critical component of the CNS value system. (Actions 7,8)

DISCUSSION:

An effective Succession Planning Program has not been consistently implemented at Cooper Nuclear Station. A Succession Planning Program was developed in 1999 but this program has not resulted in substantive results. The absence of effective identification, retention, and development of managers and supervisors resulted in an inability to fill key management positions from within the Cooper organization. High turnover of management personnel and extensive use of managers recruited from outside the company have diminished the management team's ability to align around common standards and values. The frequent number of past management changes has weakened the direction, accountability and engagement of the workforce.

Objective:

Key management and supervisory personnel are retained. In-house personnel are identified and are prepared to fill key management positions when opportunities occur. Bench strength is prevalent throughout the CNS management team. Continuity of the management team assures greater alignment around common standards and values. External recruitment strategies complement the gaps identified in the succession planning process.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Conduct a series of planning meetings with CNS management team to formulate an enhanced succession planning model.	M. Coyle	01/02	Complete	CNS senior management team approved an enhanced succession planning model.
2	Senior Management Team will adopt and endorse the Succession Planning Program model to be used at CNS . Update/revise Procedure 0-CNS-01 to meet the standards and expectations set by M. T. Coyle and Senior Team of the new Succession Planning model. This will include stressing that the succession planning process will be the primary method of filling future management and supervisory vacancies as opposed to hiring from the outside.	L. Croteau	06/02	08/02	Procedure 0-CNS-01 "Core Leadership Development Plan" revised to adopt enhanced succession planning model.
3	Update the CNS Succession Plan. Related actions include; 1) organizational review to identify staffing strengths & weaknesses, 2) add to existing competency lists to include individual contributors, 3) identify and rank individual contributors, and identify potential opportunities for individual contributors.	L. Croteau & Human Resources & Senior Managers	06/02	10/02	Succession Plan document updated to identify key personnel, and staffing gaps and weaknesses. (Appendices)
4	Develop professional profiles and candidate position requirement matrix to support the Succession Plan.	L. Croteau	05/02	08/02	Requirements for each staff position in succession plan defined.

5	Senior managers/managers will formulate individual development plans with applicable candidates identified in the Succession Plan. Development plans will be incorporated into employee Personal Development Plans.	L. Croteau and Management Team	06/02	10/02	Development plans for Succession Plan candidates are incorporated into employee Personal Development Plans.
6	Formulate a mentoring program and assign mentors to critical staff positions.	L. Croteau and Management Team	06/02	08/02	Mentoring program reflected in 0-CNS-01. Mentors and mentees identified.
7	Senior Management will review status/progress reports prepared by the Succession Plan program owner on a quarterly basis.	L. Croteau and Senior Management Team	1/03	12/03	Quarterly reports of the effectiveness of the succession plan
8	Senior management team to perform a semi-annual review and update to the Succession Planning Program.	L. Croteau and Senior Management Team	12/02	12/02	Semi-Annual succession plan update
9	Obtain NPPD Board of Directors Approval of a Cooper Nuclear Station employee retention plan.	D. Wilson	04/02	COMPLETE	Board approved plan to retain CNS staff.
10	Review exit interview reports to identify trends in why employees are departing CNS	Human Resources	06/02	12/02	Modified retention plan provided to employees.

PERFORMANCE INDICATORS:

- Employee turnover rate.
- Number of key management positions filled in accordance with succession plan.
- Successful completion of development plans.

RESOURCE REQUIREMENTS:

- List specific resource requirements for the action plan.
    - No additional manpower required. However, the Succession Planning process will require increased attention and time from the Management Team.

- Succession planning materials.
- No additional equipment required.
- No additional facilities required.

(Attached is a copy of the Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.1.7 – Management Issues – Succession Planning

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

____5____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

____1____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

____0____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

____3____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

____2____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

3

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

1

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

15

PILLAR OF EXCELLENCE:	**Organizational Excellence**
FOCUS AREA:	**Management Issues**
ACTION PLAN TITLE:	**Learning Organization & Industry Participation**
ACTION PLAN NUMBER:	**5.1.1.8**
WBS CROSS-REFERENCE No:	**WBS. 1.1.0**
COMPLETION DATE:	**12/02**
ACTION PLAN OWNER:	**G. Smith**
FOCUS AREA OWNER:	**M. Coyle**

APPROVAL: G. Smith

APPROVAL: M.T. Coyle

PROBLEM STATEMENT:

CNS has not effectively utilized industry resources or the experiences and lessons-learned from the industry to contribute to improved and sustained station performance.

CAUSAL FACTORS:

1. A "learning organization" has not been endorsed and reinforced as a core value by station management. (Action Plan 5.1.1.1)
2. Process shortcomings coupled with ineffective management teamwork have prevented CNS from taking full advantage of industry resources and experiences. (All actions contained within this Plan contribute to resolution of this cause.)

OBJECTIVES:

Identify near-term improvements and good practices resulting from the conduct of effective benchmarking and external, focused assistance. Execute processes that will improve the quality of benchmarking and industry engagement activities, and result in implementation of improved station practices and processes.

What does success of this action plan look like?

A learning organization that effectively utilizes industry resources and experiences. An effective, targeted benchmarking and external assistance program that contributes value to CNS programs and processes.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	With assistance from INPO, identify high priority benchmarking opportunities to be performed by CNS during the next 6-9 month interval.	M. Coyle	05/02	06/02	Recommended list of nuclear stations and targeted focus areas for CNS benchmarking opportunities.
2	Develop a benchmarking plan and coordinate the identification and conduct of near-term targeted benchmarking. Identify areas, sites, schedule, and follow-up assessment requirements. The plan will integrate benchmarking and self assessment standards and expectations contained in procedures 0-CNS-06 and 0-CNS-25 regarding conduct of benchmarking activities and implementation of lessons-learned & best practices.	G. Smith	06/02	07/02	Scheduled benchmarking trips and staff understanding of the expectations for conduct and implementation of outcomes. Documented Benchmarking Plan approved by Sr. Mgmt team.
3	Develop a Workoff Curve to monitor the implementation of the Benchmarking Plan.	G. Smith	7/02	8/02	Performance Indicator for execution of the Benchmarking Plan.
4	Conduct near-term benchmarking trips in accordance with the approved plan. Following benchmarking trips, develop plans within 60 days to implement lessons-learned & best practices.	Line Managers in accordance with benchmarking plan.	07/02	12/02	Completion of priority benchmarking visits followed by development of Action plans (within 60 days) to implement lessons-learned & best practices.

5	Integrate benchmarking and self-assessment processes and establish a single point of process ownership. Include requirements for identification and tracking of all benchmarking conducted, and process features to assess effectiveness of benchmarking implementation plans.	Roman Estrada	8/02	11/02	Establishment of clear expectations for conduct of benchmarking and to consistently disposition benchmarking results to improve station processes, practices, and performance.
6	Inventory current CNS participation in industry sponsored organizations and committees (RUG, NEI, INPO, Code committees, EPRI, BWOG, etc.) Assess additional industry participation opportunities that could benefit CNS.	G. Smith	9/02	11/02	Baseline of current industry participation, and determination of desired changes.
7	Formulate and obtain CNS management endorsement of an industry participation strategy. Include elements to systematically capture and disposition learning opportunities.	G. Smith	9/02	12/02	Documented Strategy and Resource Plan for Industry participation. Execution of strategy, which targets staff resources to value added industry participation activities.
8	Formulate and execute a strategy to obtain assistance from INPO. Obtain agreement from INPO regarding near-term, future assist visits, loaned employee commitments, and ongoing additional support activities.	J. Hutton	07/02	10/02	Enhanced utilization of INPO assets and programs. Documented Strategy and Resource Plan for INPO assistance.

PERFORMANCE INDICATORS:

- "Benchmarking Workoff Curve" to be developed (TBD.)
- Industry Involvement PI.

RESOURCE REQUIREMENTS:

- Manpower, internal, external, required skills and/or knowledge: Budget the conduct of benchmarking in respective Department budgets.
- Materials and Supplies: No impacts.
- Equipment: No impacts.
- Facilities: No impacts.

(Attached is a copy of the Change Complexity Worksheet which must be filled out)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.1.8 – Management Issues – Learning Organization & Industry Participation

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____4_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____2_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____1_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____1_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

____3_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

____3_____

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

_____1_____

TOTAL 15

Low:	**Score 5 to 10**
Moderate:	**Score 11 to 20**
High:	**Score 21 to 30**

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Issues
ACTION PLAN TITLE: Program Management
ACTION PLAN NUMBER: 5.1.1.9
WBS CROSS-REFERENCE No: 3.4.4
COMPLETION DATE: October 2004
ACTION PLAN OWNER: Mike Boyce
FOCUS AREA OWNER: Mike Coyle

APPROVAL: M Boyce 6/7/02
APPROVAL: M.T. Coyle

Problem Statement

CNS has not effectively implemented and internalized appropriate standards and expectations for the performance of Key site programs. In some programs, this has resulted in program performance cycling between acceptable and unacceptable, and in other programs this has resulted in failure to resolve known program deficiencies in a timely manner.

Causal Factors

1. CNS has not adequately defined the scope and nature of what constitutes a site program and has therefore missed opportunities to improve performance of site programs. (Addressed by step 1 and Action Plan 5.3.2.1)
2. The basic infrastructure (standards and expectations) for management of site programs has not been adequately established and applied to all site programs. (Addressed by steps 2, 3, 5, and 6)
3. Performance monitoring of site programs including self-assessment has not been routinely conducted. (Addressed by step 4)
4. The use of self-assessment and the corrective action program to fix problems has been inconsistent and in some cases ineffective. (Addressed by steps 2, 3, 4, 5, and 6)

Discussion

Most programs at CNS are at various stages along a programmatic lifecycle that goes from an initial birth or major revision of a program with an organizational learning curve, to steady state with acceptable performance. Acceptable performance eventually erodes to unacceptable performance, at which point the decline is arrested with the cycle being reinitiated by a major program revision or the program fails and a self-revealing deficiency causes action to be taken either by management or by an outside agency such as the NRC. The extent of condition review performed as a result of programmatic deficiencies in the Environmental Qualification (EQ) Program (SCR 2000-0423) identified these same weaknesses in other CNS programs.

Objective 1: Ensure that procedure 0-CNS-12 is closely aligned with industry norms and contains the proper scope of technical programs and technical program categorization. (Action Plan 5.3.2.1)

Objective 2: Identify the Key programs outside of the scope of 0-CNS-12

Objective 3: Establish the Standards and Expectations for program management outside of 0-CNS-12

Objective 4: Establish and implement management plans to systematically apply the standards and expectations to Key programs outside of 0-CNS-12, including use of the Corrective Action Program and Self Assessments to identify and fix program deficiencies.

Objective 5: Establish the performance monitoring to be applied to the Key programs outside of 0-CNS-12

Objective 6: Change the culture of CNS so that programmatic roles and responsibilities are internalized (Action Plan 5.1.1.4)

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1.	Define the Key programs outside of the scope of 0-CNS-12. (Programs within scope of 0-CNS-12 to be determined in action plan 5.3.2.1)	M. Boyce	09/02	12/02	List of programs to be managed outside of 0-CNS-12.
2.	Establish Management Standards and Expectations for program performance that includes the QA program required elements of: Program Ownership, Roles and responsibilities, Use of Self Assessment and CAP, Interface Identification, and Performance monitoring.	M. Boyce	08/02	12/02	Procedure delineating program management standards and expectations that fully comply with QA program requirements.
3.	Develop Implementation plans to apply the standards and expectations to the defined Key programs.	M. Boyce	12/02	2/03	Resource loaded and scheduled plans for each defined program.
4.	Develop performance monitoring plans for Key defined programs.	M. Boyce	12/02	2/03	Performance Indicators for each defined program.
5.	Execute implementation plans and performance monitoring plans for the defined Key programs based on priority.	M. Boyce	5/03	5/04	Periodic performance reviews against standards for defined programs.
6.	Change the culture of CNS to internalize programmatic roles and responsibilities as described in TIP Action Plan 5.1.1.4.	E. Cade	03/03	07/04	Completion of Action Plan 5.1.1.4.
7.	Conduct Effectiveness Review.	M. Boyce	8/04	10/04	Effectiveness Review Report.

PERFORMANCE INDICATORS:

- Completion of schedule milestones for each program plan
- CNS Program Health Indicators

RESOURCE REQURIEMENTS:

- TBD

(Attached is a copy of the Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.1.9 – Management Issues – Program Management

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

5

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

4

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

4

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

5

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

1

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

0

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

5

24

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Change Management
ACTION PLAN TITLE: Programmatic/Process Changes
ACTION PLAN NUMBER: 5.1.2.1
WBS CROSS-REFERENCE No: 1.4.2/1.3.2
COMPLETION DATE: May 2004
ACTION PLAN OWNER: Ralph Drier
FOCUS AREA OWNER: Paul Caudill

APPROVAL: 6/6/02
APPROVAL: 6/6/02

PROBLEM STATEMENT:

Cooper Nuclear Station has not consistently used an effective change management process to establish and support an infrastructure for sustaining improvements. Changes intended to improve processes, practices, and performance, in several instances, have not resulted in desired outcomes or achieved expected benefits.

CAUSAL FACTORS:

1. CNS management has not fully aligned around and endorsed a change management process. (Actions 1,2,3,4)
2. CNS management has not established and enforced an expectation for consistent use and application of a change management process.(Actions 1,2,3,4)
3. CNS management has not sustained a monitoring process to assess the effectiveness of the change management process and associated change initiatives. (Actions 1,5,6,7)
4. Internal communications at CNS, particularly face-to-face communications, have been ineffective. (Action 8)

DISCUSSION:

Cooper Nuclear Station has failed to consistently use an effective change management process to establish and support an infrastructure for sustaining improvements. Significant programmatic or process changes have often not been accompanied with sufficient planning, training, and communication to assure effective implementation. Evidence of an organizational environment that is not conducive to change has existed since 1994. Changes intended to improve processes, practices, and performance, in several instances, have not resulted in desired outcomes or

achieved expected benefits. The lack of a consistently used systematic process to implement and monitor change efforts has contributed to some improvement initiatives not being optimally effective.

Efforts at establishing and implementing a change management process have been expended in the past. At least two Change Management guidelines have been developed, however, neither guideline was adopted by management and extensively used throughout the site. In 1999, the Change Policy Guidelines were developed and implemented. This document was in the form of a 5x8-laminated card with several change-related questions on the front and a brief description of change management on the back. A form that could be obtained on the CNS Intranet supported this process. While this process lacked detail, the guidance provided appears to have been sufficient to drive at least some improvement in implementing change, had it been used in a disciplined manner.

In February 2002, the Cooper Change Management Guide was implemented. This document was developed from the results of benchmarking change management processes at a number of Utility Services Alliance plants. The document provides a comprehensive approach to change management, is available to all personnel via the CNS Intranet, and is suitable to improve change implementation if used in a disciplined and consistent manner. This process is being used to develop and implement Revision 1 to the TIP.

What does success of this action plan look like?

Desired changes are made systematically, resolve the identified problem(s) and assure their permanency. Employees at all levels recognize change as an essential organizational element to achieve excellence, identify changes beneficial to safety and efficiency, and appreciate opportunities to participate in the change process. Internal communication supports the facilitation of change and is used as a primary change management tool. The change process is monitored for effectiveness and updated to incorporate desired improvements.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Appoint a Change Management contact to a) assist the management staff with change management implementation and b) periodically consult with the Senior Management team to assure that expectations are met	M. T. Coyle	May 2002	June 2002	Individual identified, management expectations developed, Change Management contact role defined, and Management Team informed
2	Use the current change management guidance (CNS Change Management Guide) during development of TIP Revision 1 and Revision 2	D. R. Blythe	May 2002	Sept 2002	TIP Revision 2 that includes appropriate change management activities
3	Transition the current change management guidance to a CNS Administrative Procedure	R. F. Drier	July 2002	Aug 2002	CNS Change Management Procedure issued
4	Conduct Change Management Training, as appropriate based on an analysis of need, for CNS personnel.	W. T. Donovan	Apr 2003	Dec 2003	Training completed for identified target population(s)
5	Benchmark the usage of change management guidance at other selected facilities	R. F. Drier	Sept 2003	Oct 2003	Benchmark Report issued
6	Perform a GAP analysis of the CNS change management process based on the results obtained by benchmarking	R. F. Drier	Oct 2003	Nov 2003	GAP Analysis Report issued
7	Conduct a self-assessment to determine the effectiveness of Change Management at CNS	R. F. Drier	May 2004	May 2004	Self-Assessment Report issued
8	Develop and implement an administrative procedure to establish CNS internal communications requirements and guidance.	K. K. Liebig	May 2002	Aug 2002	CNS Internal Communications Administrative Procedure issued

PERFORMANCE INDICATORS:

A graphical performance indicator for change management is not currently planned. Change Management implementation/effectiveness will be measured through periodic assessments of change management-related behaviors, implementation of change management guidance, and the effectiveness of selected changes.

RESOURCE REQUIREMENTS:

- Manpower, internal, external, required skills and/or knowledge.

  One internal individual selected as the Change Management contact

- Materials and Supplies.

  Non-consequential

- Equipment.

  No additional requirements

- Facilities.

  Existing facilities adequate

(Attached is a copy of the Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.2.1 – Change Management – Programmatic/process Changes

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____1_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____4_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____4_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

1

7. Will this Change cause disruption of daily work?

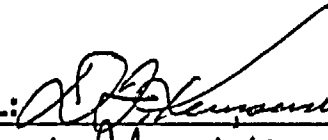
- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

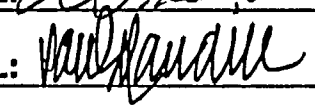
1

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

21

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Communications
ACTION PLAN TITLE: External Communications
ACTION PLAN NUMBER: 5.1.3.1
WBS CROSS-REFERENCE No: 1.3.1
COMPLETION DATE: July 2003
ACTION PLAN OWNER: Dave Kunsemiller
FOCUS AREA OWNER: Paul Caudill

APPROVAL: 

APPROVAL: 

PROBLEM STATEMENT:

NPPD communications with regulatory agencies regarding CNS have not been well coordinated in the past. Additionally, information provided to the media has not been coordinated with information provide to external regulators and information contained in some written reports and submittals have contained errors, requiring correction and re-submittal of the report.

CAUSAL FACTORS:

1. Failure to consistently communicate and enforce management expectations and standards for communication with external regulatory agencies. (Actions 1,2,3)
2. Unclear roles and responsibilities for communication with external regulatory agencies and coordination of information provided to the media regarding CNS. (Actions 4,6,13)
3. Incomplete internal expectations, standards and procedures to govern content and quality of information provided for submittal to regulatory agencies. (Actions 4)

DISCUSSION:

The entry of Cooper into the NRC's Repetitive Degraded Cornerstone column of the Action Matrix places additional external communication demands for ensuring the regulator is cognizant of the progress of issue resolution at the site as well as demonstrating that the management team is taking charge to resolve the issues. Equally as important are the public/industry communications avenues that need to be included in any communication strategy for a comprehensive approach to the communication aspect of the issues and resolution. Communications with the public, stakeholders, and industry play an important role in the overall perception of the health of the plant and support of plant operation. To be effective the messages communicated must be consistent.

Benchmarking of communication plans against those developed by Plants such as IP-2, CR-3, and D. C. Cook provide a model and standard that has been successful. These plans encompass the objectives for ensuring management roles and responsibilities for communication with the regulator, industry, and the public are clearly defined. The current communications policy document at Cooper is O-CNS-17 does not adequately address the increased level of communications that may be expected at Cooper at this time.

Assessment of CNS recent communications indicates that improved internal controls are needed to enhance the quality and timeliness of communications to and with external regulatory agencies.

ACTION PLAN OBJECTIVE:

Improve communications with regulatory agencies through expanded internal expectations, instructions and guidance documents for conduct of the regulatory interface. Execution will be improved through establishment of clear expectations and standards for each communication and by planning, preparation and coordination consistent with industry expectations and standards for regulatory communication (i.e., messages are coordinated, the information is complete, timely, accurate, and meets the receivers' expectations). This will be accomplished through the revision (or development) of communication procedures, revision of licensing department guidelines, lessons learned, training, clear definition of site roles and responsibilities for communicating regulatory requirements

What dies success look like?

- The communications with the regulator will be comprehensive, detailed, and held at a frequency to demonstrate to the regulator that Cooper management is acting responsibility to resolve the issues and safety is paramount. The communications with the public will provide a consistent message with that provided the regulator. All messages will accurately reflect current events/conditions and provide assurance that the plant is being operated safely, and issues are understood and addressed promptly. Communication with the industry will demonstrate that management recognizes their responsibility to share lessons learned and operating experience as well as learn through participation in industry initiatives that raise standards. This will be accomplished through a Communication Plan and standards, and revision of O-CNS-17. These actions will include clear definition of roles, responsibilities, interfaces, and communication expectations.

- The line organization has resumed responsibility for the quality and timeliness of communications with the NRC resident in a manner that meets his expectations and needs and provides a record of such communications.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1.	Provide immediate instructions expectations, and mentoring for Licensing personnel involved in the receipt and action ownership of incoming correspondence	N. Robinson	5/24/02	5/28/02	Incoming correspondence promptly logged with actions assigned Instructions issued and expectations communicated.

2.	Implement a quality review team to perform reviews of outgoing correspondence and other forms of communications to provide additional assurance the information provided is accurate, complete, and comprehensive. Initiate notifications when needed and complete corrective actions when problems are identified.	D. Kunsemiller	6//02	12/02	- Name Validation team members – - Develop correspondence checklists - Notifications
3.	Issue guidance / expectations for conduct of the regulatory interface.	D. Kunsemiller	6/02	7/02	Standards and expectations for conduct of regulatory interface issued.
4.	Revise O-CNS-17 (or develop a new procedure) and training material to improve coordination, frequency and content of communications (NRC, public, stakeholders, industry) Co-ordinate with procedure 0.10 requirements.	N. Robinson	9/02	11/02	New or revised upper tier procedure for External Communications

5.	Revise site wide Licensing procedures (or develop a new procedure) and training material to support the upper tier procedure (Action Item 1), examples include: • O.42, Regulatory Correspondence (include improvements in the validation process) • O.42.1, Regulatory Commitment Tracking (including review of current commitment closure process)	N. Robinson	10/02	12/02	New or revised Licensing site wide procedures (procedure numbers TBD)
6.	Develop a new Licensing procedure (or append O.42) and training material that provides (in tabular form) the complete (10CFR) reporting requirements for the site (including reports, owners, responsibilities, schedules)	N. Robinson	9/02	12/02	New or revised Licensing site wide procedure (procedure number)
7.	Input information from Item 5 into Commitment Tracking database. (Finalize schedule when procedure in action item 6 is complete)	Robinson	1/03	TBD	All required reports tracked in database.

8.	Revise Licensing department guidelines (NSLG's) and training material to support the revisions made in the upper tier procedures to enhance usability (examples include): • NSLG-04, Preparation of NRC Inspections • NSLG-05, Guidelines for Written Communications • NSLG-07, Preparation for NRC Meetings or Conference Calls • NSLG-09, Commitment/NAIT Tracking	McCutchen D. Madsen N. Robinson D. Madsen N. Robinson	10/02	6/03	New or revised Licensing guidelines
9.	Perform an effectiveness review 6 mos. following completion of the procedures revision/upgrade (Interaction with Action Plan 5.1.1.1)	E. McCutchen	11/03	12/03	Effectiveness review report
10.	Develop any needed changes to the External Communication actions (this Action Plan) identified during the effectiveness review	E. McCutchen	6/03	7/03	CAP action items

11.	Develop or revise Communication Performance Indicators	E. McCutchen	9/02	11/02	Performance Indicators
12.	Develop and implement a response plan with increased line ownership for timely resolution of NRC resident interface issues	Flaherty	7/02	11/02	Documented Communication plan for NRC Inspections
13.	Develop and implement a protocol document for public & media communications (includes the roles and responsibilities of the NPPD public relations and expectations)	Joint action – Corporate Communications & D. Kunsemiller	TBD	TBD	Protocol document developed and issued
14.	Develop and implement an industry participation/communications protocol document (includes roles, responsibilities, and expectations to improve participation in industry initiatives and communication of OE and other lessons learned)	G. Smith	TBD	TBD	Protocol document developed and issued

PERFORMANCE INDICATORS:

- Submittal quality/timeliness
- Commitment timeliness
- Submittal backlogs
- Cause code trend analysis
- Effectiveness review
- External Communication Effectiveness

RESOURCE REQUIREMENTS: (TBD)

(Attached is copy Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.3.1 – Communications – External Communications

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____1_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____1_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____2_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____1_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____4_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

0

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

3

Total 14

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Human Performance
ACTION PLAN TITLE: Pride/Excellence
ACTION PLAN NUMBER: 5.1.4.1
WBS CROSS-REFERENCE No: 1.2.1
COMPLETION DATE: 10/03
ACTION PLAN OWNER: David Montgomery
APPROVAL:
FOCUS AREA OWNER: Jim Hutton
APPROVAL:

PROBLEM STATEMENT:

Long-standing human performance problems continue to be exhibited by the workforce resulting in work being improperly performed or poor workmanship demonstrated.

CAUSAL FACTORS:

1. Management has not effectively communicated and reinforced expectations for adherence to procedural requirements, high standards for work performance, attention to detail when performing work, and a desire for excellence in all aspects of plant performance.(Action 3,4)
2. Workers periodically demonstrate a lack of familiarity and/or knowledge of requirements and do not make the effort to investigate further. (Action 3,4,12)

DISCUSSION:

The initial internal assessment results indicate a lack of pride at CNS has been a reoccurring event in work performance. A tolerance for poor performance was prevalent and there is a lack of shared purpose in achieving excellence.

Objective:

This plan is intended to improve work place pride by defining, communicating, and reinforcing desired behaviors. To accomplish this objective a series of activities will be instituted to assure all station personnel have a clear understanding of what the new Standard of Excellence are and how they will be enforced. To help facilitate this effort, several human performance enhancement programs will be applied to facilitate implementation.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Benchmark other sites to define a standard of excellence that clearly defines expected behaviors on which the site will provide focus.	Montgomery	6/02	8/02	Results of Benchmarking documented and a report presented to Sr. Mgmt team
2	Formalize the behaviors that represent excellence in human performance behaviors. Previous revisions of the TIP included the reference to a "tool bag." The "tool bag" is a list of error prevention techniques that will be included in the standard behaviors.	Montgomery	8/02	10/02	Documented description of behavior in CNS Policy on Human Performance
3	Communicate to Management Team the standard behaviors that represent excellence in human performance	Montgomery	11/02	12/02	Tailgate completed
4	Communicate to station personnel the standard behaviors that represent excellence in human performance	Montgomery	11/02	12/02	Tailgate completed
5	Revise the management observation program to include targeted behaviors identified in action number 2.	Montgomery	10/02	12/02	Management Observation Program Revisions

6	Conduct tailgate training for the management team on the changes to the management observation program and the inclusion of behaviors to be observed.	Montgomery	1/03	2/03	Completed tailgate training documentation
7	Develop a method to measure results of management observations	Montgomery	1/03	2/03	Trending capabilities developed for management observation program.
8	Assess successful implementation of Performance Management Principles at other stations to develop Lessons Learned to improve effectiveness of Performance Management training	Montgomery	8/02	10/02	Benchmarking results documented and presented to Sr. Mgmt team
9	Based on the lessons learned from benchmarking other sites successful with performance management, provide training to management to develop the skills for positive reinforcement and correction	Montgomery	11/02	2/03	Complete training documentation.
10	Analyze available station data to determine the success of the action plan implementation. Available data will include management observations, self-assessments, and corrective action data.	Montgomery	5/03	6/03	Documented analysis of available data with conclusions about success of plan and recommendations for revisions to the plan.
11	Communicate the results of the analysis completed in action 10, to the management team to identify areas for improvement and celebrate success.	Montgomery	7/03	7/03	Talking paper developed and presented to the management team.

12	Develop a peer observation program that promotes reinforcement and correction of desired behaviors.	Montgomery	6/03	10/03	Peer observation program description and tools for measuring results.
13	Develop a site human performance event free clock to provide focus for the station	Montgomery	1/02	2/02 **(COMPLETE)**	Site human performance event free clocks visible at the station and guidance developed for clock reset criteria.
14	Develop a department human performance event free clocks to provide focus each department	Montgomery	4/02	5/02 **(COMPLETE)**	Department human performance event free clocks visible at the station and guidance developed for clock reset criteria.

PERFORMANCE INDICATORS:

- Human Performance Error Rate
- Human Performance Event Free Days

RESOURCE REQUIREMENTS:

- No additional resources are required
- There will be associated costs with the industry benchmarking effort. ($10,000)

(See attached Change Complexity worksheet)

TIP
Change Complexity Worksheet

Action Plan 5.1.4.1 – Human Performance – Pride/Excellence

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____2____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____4____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____1____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____2____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

_____0____

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

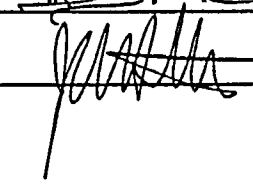
_____1____

Low:	**Score 5 to 10**
Moderate:	**Score 11 to 20**
High:	**Score 21 to 30**

15

PILLAR OF EXCELLENCE:	**Organizational Excellence**
FOCUS AREA:	**Human Performance**
ACTION PLAN TITLE:	**Trust/Culture**
ACTION PLAN NUMBER:	**5.1.4.2**
WBS CROSS-REFERENCE No:	**1.2.2/1.2.3 and Action Plans 5.1.1.4, 5.1.1.5, 5.1.1.7, 5.1.3.2**
COMPLETION DATE:	**6/03**
ACTION PLAN OWNER:	**David Montgomery**
FOCUS AREA OWNER:	**Jim Hutton**

APPROVAL: 

APPROVAL: 

PROBLEM STATEMENT:

A lack of trust within the workforce has cultivated a culture that results in less than adequate communications of key information and forthrightness of employees when errors are made. And efforts to improve human performance have not adequately addressed causes and contributors of organizational and jobsite problems that are preventing the station from moving to a higher level of performance.

CAUSAL FACTORS:

1. Key members of the senior management team lack visibility with the workforce.(Action plan 5.1.1.5)
2. Frequent changes in management personnel have resulted in new directions and unclear or conflicting standards.(Action plan 5.1.1.7; plan 5.1.4.1)
3. The high number of positions filled by outsiders and the number of outsiders that are retained on a temporary status has resulted in station personnel developing an attitude that senior leadership was potentially short lived and their input was equally short lived.(Action plan 5.1.1.7)
4. Conflicting communication of information from management frequently occurs.(Action plan 5.1.2.1)

5. The station event investigation process does not adequately address organizational and jobsite conditions that contribute to events. (Action plan step 4)

DISCUSSION:

This action plan will address improvement in communication of human performance issues that result in station events by reviewing station policies on problem identification and human performance event investigation and making any necessary changes.

Causal factors to the lack of trust are also being addressed in other action plans of the TIP. These include:

Action Plan 5.1.1.5, Management Observation, will improve visibility of station management in the field.
Action Plan 5.1.1.4, Organizational/Human Behaviors, will measure and monitor trust and utilize the employee concerns program to measure success.
Action Plan 5.1.1.7, Succession Planning, will address concerns with promoting personnel from within the organization to improve consistency and communication.
Action Plan 5.1.3.2, Internal Communication, will address consistency in communication.

OBJECTIVE:

This Action Plan, in concert with those identified in the discussion section, will improve trust resulting in improved understanding of station policies with regard to identification and communication of problems.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Review currently published Administrative Policies that address human performance event investigation.	Montgomery	9/02	11/02	Revise Policies as required. Communication of Policies to station.

2	Evaluate human performance event investigation practices at other utilities to determine if improvements can be made at CNS.	Montgomery	1/03	3/03	Benchmarking report developed and submitted to senior management.
3	Development of a description of the station's policies on discipline and punishment with respect to "honest mistakes" and events involving culpability.	Montgomery	4/03	6/03	A talking paper outlining the difference between "honest mistakes" and events involving culpability and the district's policies for discipline.
4	Improve station event investigation processes to include consideration of the INPO human performance model.	Montgomery	6/02	10/02	Revision to 0.5.RCR and 0.5.SCR to include the INPO human performance model.

PERFORMANCE INDICATORS:

- Employee Concerns Program Performance Indicators related to safety conscious work environment.

RESOURCE REQUIREMENTS:

- No additional manpower resources
- Costs associated with benchmarking other plants. ($5,000)

(See attached Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.4.2 – Human Performance – Trust/Culture

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____1_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____1_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____1_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____2_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

0

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

1

Low: **Score 5 to 10**
Moderate: **Score 11 to 20** **11**
High: **Score 21 to 30**

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Oversight & Assessment
ACTION PLAN TITLE: Oversight & Assessment
ACTION PLAN NUMBER: 5.1.5.1
WBS CROSS-REFERENCE NUMBER: 3.3.1/3.3.2
COMPLETION DATE: 12/03
ACTION PLAN OWNER: Ralph Drier
FOCUS AREA OWNER: Roman Estrada

APPROVAL: 6/18/02
APPROVAL: 6/18/02

PROBLEM STATEMENT (Assessments):

CNS is weak in the organizational discipline of planning, execution, and follow through of self-assessments. In general, site-wide use of self-assessments to improve station performance has been inconsistently applied and not effectively implemented due to lack of organizational ownership, commitment, and support. Self-assessments do not consistently exhibit appropriate scope and depth.

CAUSAL FACTORS (Assessments):

1. The use of the Corrective Action Program to track, review, and close self-assessment issues is inconsistent. (Actions 1, 2, 3, 4, 5, 6)
2. Structured on-going departmental self-assessment activities are performed infrequently or not at all. (Actions 2, 3, 4)

PROBLEM STATEMENT (Oversight):

CNS has not ensured that findings of oversight groups, SRAB and SORC, are resolved by actions that are effective. Additionally, the oversight groups are not fully engaged in "follow-up" to ensure that oversight findings are addressed in a timely and adequate manner. The periodic nature of the oversight groups, coupled with oversight findings not consistently identified and tracked in the Corrective Action Program (CAP), promotes addressing the findings in a less than timely manner, resulting in "follow-up" issues and line management not aggressively resolving oversight group findings.

CAUSAL FACTORS (Oversight):

1. CNS, as a site, has not ensured that significant findings of independent oversight groups such as QA, SRAB, CARB, and SORC are resolved by actions that are effective. (Actions 7, 8, 9, 10, 11)
2. Current independent oversight groups such as QA, SRAB, CARB, and SORC are not fully engaged in "follow up" to ensure that corrective actions are effective in the resolution of findings and their underlying programmatic or process deficiencies. (Actions 7, 8, 9, 10, 11)

What does success of this Action Plan look like?

This Action Plan establishes a self-assessment process that is clearly defined and understood throughout the organization. Specific organizational and individual roles and responsibilities for self-assessment activities have been explicitly defined including who will be specifically held accountable for the timeliness, completion, and adequacy of individual self-assessments. Success is defined as, "The station effectively uses the self-assessment process to improve plant performance".

This Action Plan addresses the infrastructure necessary to ensure the oversight groups and line management utilize a process that more effectively manages oversight findings.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Develop self-assessment effectiveness review guidance and add to Procedure 0-CNS-25, Self-Assessment.	Ralph Drier	9/02	1/03	Procedure 0-CNS-25 revised and issued.
2	Deliver training and/or briefings on the self-assessment process to appropriate CNS management. Deliver station-wide training on the scope and depth of self-assessments to appropriate CNS personnel.	William Donovan	10/02	7/03	Training/briefing completed and documented.
3	Initiate engagement with the departmental Self-assessment coordinators and establish roles and responsibilities.	Dave Montgomery	6/02	10/02	Complete self-assessment coordinator briefing.
4	Perform self-assessment benchmarking and revise the CNS process appropriately.	Ralph Drier	10/02	1/03	Process/procedure revised following benchmarking.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
5	Conduct semi-annual assessments of the self-assessment program.	Ralph Drier	10/02	12/03	Three (3) Assessment Reports: Fourth Qtr 02, Second Qtr 03, Fourth Qtr 03.
6	Develop self-assessment program performance indicators for measuring self-assessment improvements.	Ralph Drier	8/02	12/02	Performance indicators developed.
7	Revise SRAB charter guidance and SORC procedural guidance to require initiation of CAP notifications for oversight findings; thereby, entering these items into the corrective action process.	Brenda Kirkpatrick	6/02	10/02	Charter and procedure revised and changes communicated.
8	Develop and implement guidance/requirements for the conduct of periodic assessments of the effectiveness of actions taken to address QA findings.	Dave Robinson	10/02	5/03	Procedure/policy revised or developed.
9	Develop and implement guidance/requirements for the conduct of periodic assessments of the effectiveness of actions taken to address SRAB findings.	Brenda Kirkpatrick	10/02	5/03	Procedure/policy revised or developed.
10	Develop and implement guidance/requirements for the conduct of periodic assessments of the effectiveness of actions taken to address SORC findings.	Brenda Kirkpatrick	10/02	5/03	Procedure/policy revised or developed.
11	Develop and implement guidance/requirements for the conduct of periodic assessments of the effectiveness of actions taken to address CARB findings.	Roman Estrada	10/02	5/03	Procedure/policy revised or developed.

PERFORMANCE INDICATORS:

- Monthly Average Number of Open Self-Assessment Actions.
- Self-Assessment Open Item Average Age.

The following Performance Indicators are under consideration for potential development:

- Assessment of quality, scope, and depth.
- Assessment schedule adherence.
- Assessment action closure/backlog.

RESOURCE REQUIREMENTS: (TBD)

TIP
Change Complexity Worksheet

DESCRIPTION OF THE CHANGE:

Action Plan OE/5.0, Oversight & Assessment, requires the implementation of a Self-Assessment process which, "the station effectively uses to aggressively improve plant performance".

1. How many people are affected by this change?

- One work group under one supervisor — Score 1
- One department — Score 2
- No more than four departments — Score 3
- More than four departments — Score 4
- Most of the site population — Score 5

5

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000 — Score 1
- More than $5,000 but less than $50,000 — Score 2
- More than $50,000 but less than $300,000 — Score 3
- More than $300,000 — Score 4

2

3. What training is required for this change?

- No training is required — Score 0
- Training consists of communication only, no classroom — Score 1
- Classroom training for one department/people from several disciplines — Score 2
- Classroom training for multiple departments — Score 3
- Classroom or workplace training for most of the site — Score 4

3

4. How will this change affect Cooper processes?

- Modifies part of a process — Score 1
- The change modifies or replaces an entire process — Score 3
- The change affects multiple, integrated processes — Score 5

3

5. Upon completion, how will this change affect staff workload?

- Reduces work — Score 1
- No new work — Score 2
- Distributes work from one group to another — Score 3
- Adds new work — Score 4

4

6. Will this change require organizational changes?

- No organizational realignment required — Score 0
- The change affects the organization of one division — Score 1
- The change affects the organization of multiple divisions — Score 2
- The change affects most organizations on-site — Score 3

3

7. Will this change cause disruption of daily work?

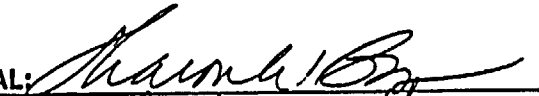
- Effects a few daily tasks — Score 1
- Effects few, but the tasks are highly valued — Score 3
- Effects most of the daily tasks — Score 5

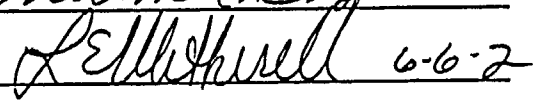
3

TOTAL **23**

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

PILLAR OF EXCELLENCE: **Organizational Excellence**
FOCUS AREA: **Fiscal Responsibility**
ACTION PLAN TITLE: **Fiscal Policy Improvement**
ACTION PLAN NUMBER: **5.1.6.1**
COMPLETION DATE: **March 2003**
ACTION PLAN OWNER: **Sharon Brown**
FOCUS AREA OWNER: **Laurie Wetherell**

APPROVAL: 

APPROVAL:  6-6-2

PROBLEM STATEMENT:

In the past, there has not been adequate focus on the budgetary process.

CAUSAL FACTORS:

1. A sense of accountability and ownership of the budget had been weak at all levels of the CNS organization. (Action Steps 1,2,7)
2. The Management Team had not set clear standards and expectations regarding the importance of financial performance and accountability that has resulted in cost overruns. (Action Steps 1,2,3,4)
3. Changing priorities had led to inefficient use of resources, and the lack of funding for some projects. (Action Steps 3,4,5,6)
4. Feedback had not been given to project managers and program owners on the financial aspects of their responsibilities. (Action Steps 1,2,4,7)
5. Budget representatives did not have adequate access to managers and supervisors to develop accurate budgets and forecasts or to present current results. (Action Steps 1,2,6,7)

DISCUSSION:

The objective of the Fiscal Policy Improvement Section in the TIP (Fiscal Responsibility) was to improve budget development, project approval and site cost control processes to better manage resources and forecast financial results. Significant progress has been made on these activities already, including completion of the following actions:

- Formal monthly meetings are held to review projects and contracts proposed for submission to the Board of Directors.
- Formal monthly budget reviews are conducted with appropriate CNS stakeholders, including the Board of Directors, the Participants, and site management.
- An emergent work fund of $5 Million was created under the control of the site Vice President to pay for emergent plant issues.
- A revision of Procedure 0 CNS 20 is under review, with completion scheduled for the end of August.
- The 2003 budget has been refined and input into SAP in compliance with corporate deadlines.
- A 2003 labor budget has been developed, agreed upon, and published.

What does success of this action plan look like?

Once the effectiveness review is completed, success will be demonstrated by improved cost management. Production costs should be reduced by improved management and accountability.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Conduct formal, monthly reviews of projects and contracts that are being proposed for board approval.	S. Brown	4/02	Completed	N/A
2	Develop formal budget performance review with appropriate CNS stakeholders.	L. Wetherell	4/02	Completed	N/A
3	Create an emergent fund of five million dollars, to be controlled by the Site VP.	L. Wetherell	12/02	Completed	N/A
4	Revise the project approval flow path to ensure that funds are not released for projects until detailed plans are developed and approved. Revise the process to support efficient prompt decisions while maintaining fiscal discipline.	L. Wetherell	7/02	Completed with the exception 5. 8/02	Revised and issued procedure 0.CNS.20.
5	Issue the final approval of revised Procedure 0-CNS-20.	R. Jones	5/02	8/02	Procedure revised and issued.
6	Refine the 2003 budget prior to the board freezing the allocations in SAP.	L. Wetherell		Complete	The 2003 budgets have been completed.
7	Develop a revised labor budget to support the revised dropout 2003 budget requests proposed by Senior Managers.	L. Wetherell		Complete	Staffing Plan has been approved.
8	Develop a project plan addressing NRC 95003 letter detailing projected financial impact of developing Revision 1 of the TIP.	P. Caudill		Complete	Project Plan has been completed.

9	Complete effectiveness review in this area to demonstrate better site focus on financial accountability and better use of resources.	S. Brown	9/02	03/03	Completed Effectiveness Review

PERFORMANCE INDICATORS:

- Controllable Cost Indicator Report (Monthly)
- Resource Availability Indicator
- Monthly Overtime Reporting

RESOURCE REQUIREMENTS: (TBD)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.1.6.1 – Fiscal Responsibility – Fiscal Policy Improvement

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____1____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____1____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____1__

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____1__

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____2__

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

_____1_____

7. Will this Change cause disruption of daily work?

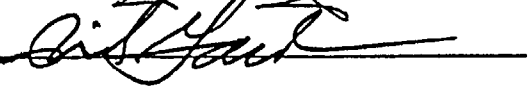
- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

_____0_____

Low: **Score 5 to 10**
Moderate: **Score 11 to 20** **7**
High: **Score 21 to 30**

PILLAR OF EXCELLENCE:	**Operational Excellence**
FOCUS AREA:	**Operationally Focused and Aligned Organization**
ACTION PLAN TITLE:	**Create an operationally focused and aligned organizational culture**
ACTION PLAN NUMBER:	**5.2.1.1**
WBS CROSS-REFERENCE No:	**None**
COMPLETION DATE:	**July 2004**
ACTION PLAN OWNER:	**Terry Borgan**
FOCUS AREA OWNER:	**Rick Gardner**

APPROVAL: 

APPROVAL: 

Problem Statement:

The CNS organization has exhibited a tolerance for less than optimum plant and equipment conditions as indicated by unacceptable levels of deficient conditions (Maintenance backlog, long-term clearance order and caution tags, Operator Work-Arounds, excessive numbers of temporary modifications, etc.).

Causal Factors:

1. Cultural acceptance of long-standing problems due to lack of operations leadership within the organization which continually sets and reinforces high standards. Many symptoms result from this, however, the underlying cause is a lack of operational focus. (Actions: sections 1,2,3 of plan)

Discussion:

Discussion:

- To improve performance, it is necessary to establish and maintain a higher level of sensitivity with respect to improvements in operational focus. A near-term step change in this area is achievable by implementation of the elements of this plan. This plan provides a formalized method for the communication and measurement of management expectations with respect to acceptable levels of plant readiness and station departmental performance.
- To deal with the identified causal factor, it can be analyzed in 3 distinct areas to ensure the appropriate level of attention is put forth:
  - Behavioral – addressed in Sections 1.0, 2.0, and 3.0
  - Resolution of deficient conditions – addressed in Sections 1.0, 2.0, and 3.0
  - Monitoring of progress – Sections 1.0 and 3.0
- The challenge of achieving an acceptable level of operational focus as a site involves successful performance in all areas in the TIP. Long-term success will be demonstrated by the appropriate level of operational focus included in the actions to be completed.

Objective:

- The success of this plan is measured by improving trends of the indicators for backlogs in equipment deficiencies and repetitive problems. Additionally, a reduction in emergent issues challenging the plant resources would be an outcome of successful performance.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1.0	**Improve Operations ownership of the facility and leadership of the support organizations**				
1.1	Establish expectations for crew leadership, crew behaviors and station leadership (support for needs of plant, acceptance level of deliverables, intolerance for degraded conditions, etc.)	R. Gardner	6/02	11/02	Introduce Processes for interdepartmental interactions, where needed, and performance indicators, goals, and accountability for equipment challenges.

1.2	Formalize management observation of crews and tours of facility with specific feedback provided to Shift Managers regarding results	R. Gardner	7/02	10/02	Enhanced operator performance assessments and management observations
1.3	Develop formalized internal/external communication process for the Operations department	R. Gardner	6/02	9/02	See 1.1 above
1.4	Reduce imbedded operator work arounds in existing plant procedures/processes (ref: Plan 5.3.1 – System/Equipment Performance, Section 2.0)	R. Gardner	7/02	7/04	Revised system health team process to include review of procedures/processes for imbedded operator work arounds
2.0	**Improve the effectiveness of the FIN Team**				
2.1	Establish roles, responsibilities, organizational composition, and schedule.	N. Wetherell	5/02	7/02 **complete**	Formalized Roles and Responsibilities, Organization established.
2.2	Implement process and procedure changes as required	N. Wetherell	6/02	9/02 **complete**	Implement new FIN process, communicate to site
3.0	**3.0 Implement an effective operational challenges reduction plan.**				
3.1	Develop and implement a Deficiency Tag Program.	R. Gardner	3/02	6/02 **complete**	Raise level of awareness of deficient conditions.
3.2	Reduce numbers of equipment backlog items through increased effectiveness of work management process (ref: Plan 5.2.5 – Work Package & Schedule Development)	R. Gardner	6/02	7/03	Charter and schedule for work management strategic review committee

PERFORMANCE INDICATORS:

- Independent monthly assessment of effectiveness by non-Operations team with Operations experience in June, July, August.
- Operations Performance Assessments (observations)
- Configuration Control Events
- Management Team Field Observations
- FIN effectiveness
- Control Room Deficiencies
- Deficiencies Outside the Control Room
- Temporary Modifications/Leak Repairs
- Operator Work-Arounds
- On-Line Corrective Maintenance Backlog
- Long-Term Clearance Orders
- Long-Term Caution Orders
- Long-Standing Open OD/OEs
- Unplanned LCOs

RESOURCE REQUIREMENTS:

To be developed after Rev. 1

(Attached is a copy of the Change Complexity Worksheet which must be filled out)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.2.1.1 – Operationally Focused and Aligned Organization – Create an operationally focused and aligned organization

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____4_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____2_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____0_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

1

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

2

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

3

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

17

PILLAR OF EXCELLENCE: Operational Excellence
FOCUS AREA: Emergency Response
ACTION PLAN TITLE: Emergency Response
ACTION PLAN NUMBER: 5.2.2.1
WBS CROSS-REFERENCE No: 3.5.1
COMPLETION DATE: December 2003
ACTION PLAN OWNER: Dave Cook
APPROVAL: D. Blook
FOCUS AREA OWNER: Greg Casto
APPROVAL: J. Beahm for Greg Casto

PROBLEM STATEMENT:

The CNS Emergency Preparedness Program has exhibited multiple symptoms of declining performance over an extended period of time. CNS management failed to recognize, and therefore, take corrective action to arrest the declining performance before events caused CNS to enter the Degraded RROP action matrix.

CAUSAL FACTORS:

1. EP roles and responsibilities were not clearly understood due to inadequacies in the CNS ERO training program.(Action plan steps: 12-18; action plans 5.1.1.2; 5.2.5.1)
2. Standards for EP ownership and accountability were not rigorously reinforced by management. (Action plan step 19; action plans 5.1.1.1; 5.1.1.6; 5.1.1.8)
3. EP Implementing procedures were not structured to permit effective interfaces between emergency responders.(Action plan steps: 1-6)
4. EP program performance monitoring has been inadequate. (Action plan step 39)
5. The hardware utilized to facilitate the interfaces between the Emergency Plan and the various response organizations was not upgraded to industry standards (Action plan steps 20-28; action plan 5.2.7.3)

DISCUSSION:

The EP Program has exhibited a cyclical level of performance due to the absence or ineffectiveness of one or more of the following program management attributes:

1. Clearly understood roles and responsibilities including training and qualification to those roles

2. Standards for Ownership and Accountability including management reinforcement of those standards
3. Well defined program interfaces with affected organizations and other programs
4. Procedures that clearly define program basis, scope and implementation requirements
5. Performance monitoring to provide feedback for program improvement

Objective.

- The ultimate goal of this action plan is to produce a consistently high performing and effective Emergency Response Organization (ERO). This entails having well defined roles and responsibilities for each member of the ERO, a systematic approach to training (SAT) based training program for these ERO members with specific Job Performance Measures (JPM's) that can be used to gauge performance outside of a drill environment, and a modern, capable public interface. An interim goal is to have acceptable performance during the Ingestion Pathway Emergency Exercise.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Revise Emergency Plan Implementing Procedures 5.7.2, 5.7.6, 5.7.17, and 5.7.20 to provide newly and clearly defined interfaces with the Control Room component of the ERO.	Greg Casto	In Progress	Jun 02	Revised EPIP's 5.7.2, 5.7.6, 5.7.17, and 5.7.20 including E-Plan changes.
2	Implement Revised EPIP's 5.7.2, 5.7.6, 5.7.17, and 5.7.20 following training.	Greg Casto	Jun 02	Jul 02	Implemented Procedures
3	Revise Emergency Plan Implementing Procedure 5.7.1 to newly and clearly define the interfaces with offsite organizations	Greg Casto	In Progress	Jul 02	Revised EPIP 5.7.1 Including E-Plan Changes.
4	Implement revised EPIP 5.7.1 following training	Greg Casto	Jul 02	Aug 02	Implemented Procedure
5	Revise Emergency Plan Implementing Procedures 5.7.10 and 5.7.11 to newly and clearly define the interfaces with onsite organizations.	Greg Casto	In Progress	Aug 02	Revised EPIP 5.7.10 and 5.7.11 including E-Plan changes.
6	Implement revised EPIP 5.7.10 and 5.7.11 following training	Greg Casto	Aug 02	Sep 02	Implemented Procedures

7	Perform assessment of CNS emergency plan against NRC planning standard (gap analysis)	Greg Casto	Jun 02	Jun 02	Assessment Report and notifications generated as needed for deficiencies identified
8	Review and rebaseline EP commitments to ensure EP program scope as documented in CNS procedures is complete.	Ed Mc Cutchen	Aug 02	Sep 02	Detailed list of current and applicable EP commitments that must be implemented in CNS EP Procedures.
9	Evaluate EP commitments and submit OLCR's to eliminate items inconsistent with current industry standards.	Greg Casto	Sep 02	Nov 02	OLCR's developed
10	Process OLCR's for item 5.2.2.5.1	Ed Mc Cutchen	Dec 02	Dec 03	Approved License Changes
11	Revise EPIP 5.7.21 to include rebaselined list of commitments and how they are translated into other site procedures for EP.	Greg Casto	Sep 02	Oct 02	Revised and Implemented EPIP 5.7.21
12	Revise Emergency Plan Implementing Procedures 5.7.7, 5.7.8, and 5.7.9 to newly and clearly define the staffing requirements for the ERO. (Organization to Program Interface)	Greg Casto	In Progress	Nov 02	Revised EPIP 5.7.7, 5.7.8, and 5.7.9 and E-Plan changes approved. Implementation to follow training.
13	Reorganize the ERO to the new staffing requirements identified by the procedure changes.	Joe Bednar	In Progress	Sep 02	Revised ERO roster for each team by position.
14	Revise ERO Training Program using the Systematic Approach to Training (SAT) for the newly reorganized ERO.	Tim Donovan	Sep 02	Nov 02	Revised ERO training program and JPM,s for each ERO position
15	Identify Candidates for the newly reorganized ERO.	Mike Coyle	In Progress	Nov 02	Revised ERO rosters for all teams defined
16	Evaluate and change ERO performance monitoring tools utilizing the Job Performance Measures determined in item 5.2.2.6.2	Joe Bednar	Oct 02	Nov 02	ERO performance indicators based on JPM's
17	Train the ERO to the new program requirements.	Tim Donovan	Nov 02	Dec 02	Fully trained and qualified ERO

18	Implement the new ERO and procedures. **(ERO High Intensity Training)**	Greg Casto	Dec 02	Dec 02	Emergency Plan Implementing Procedures 5.7.7, 5.7.8, and 5.7.9 Made Effective.
19	Clearly define and communicate the ERO performance Standards and Expectations (Accountabilities)	Greg Casto	In Progress	Jun 02	Revision to procedure 0-EP-01.
20	Complete upgrades to the EAS radios	Jim Kelsay	In Progress	Oct 02	See below
21	Coordinate with Govt. agencies on selection of EAS radios	Jim Kelsay	Complete	Complete	EAS radio specification
22	Obtain approval of ANS design report	Jim Kelsay	In Progress	Sep 02	ANS Approval by FEMA
23	Install upgraded EAS radios	Jim Kelsay	Sep 02	Oct 02	Functional and upgraded EAS radios
24	Upgrade site Gaitronics System	Greg Casto	In Progress	Dec 02	See below
25	Develop charter and upgrade plan for Gaitronics	Greg Casto	Complete	Complete	Approved Gaitronics Upgrade Plan
26	Write CED for new Gaitronics equipment	Dan Buman	In Progress	Jul 02	Approved CED for upgraded Gaitronics.
27	Implement CED to upgrade Gaitronics	Neal Wetherell	In Progress	Dec 02	Functional and acceptable Gaitronics
28	Complete upgrades to the ERO notification (pagers) system	Steve Rezab	Complete	Complete	Fully functional and acceptable pager system
29	Implement fax technology to notify state and local authorities.	Greg Casto	May 02	June 02	Fully functional fax notification system.
30	Complete Ingestion Pathway Drill Preparations	Bob Fischer	In Progress	Aug 02	Acceptable Ingestion Pathway Drill performance
31	Validate Ingestion Pathway exercise scenario with Industry peers	Bob Fischer	In Progress	Jun 02	Validated scenario for Ingestion Pathway exercise
32	Identify control organization for Ingestion Pathway exercise	Bob Fischer	In Progress	Jul 02	Roster of Controller for Ingestion Pathway exercise
33	Submit objectives and scenario Ingestion Pathway exercise to NRC/FEMA	Bob Fischer	Jul 02	Jul 02	NRC/FEMA submittal approved and mailed for Ingestion Pathway exercise

34	Initiate media contact for Ingestion Pathway exercise	Beth Boesch	Jul 02	Aug 02	Announcements of Ingestion Pathway exercise plans in local media.
35	Coordinate NRC outreach training for offsite agencies in support of the Ingestion pathway exercise.	Jim Kelsay	In Progress	Jul 02	NRC meeting with offsite agencies for Ingestion Pathway exercise.
36	Develop matrix of EP Issues and their respective corrective actions to facilitate inspection activities.	Greg Casto	Jun 02	Jun 02	EP Issues matrix
37	Re-open SCR 2001-0577 and have it focus strictly on what caused the two white findings from the June 25 Alert. (Other programmatic issues with EP will be covered by the common cause analysis mentioned in step 5.2.2.14.)	Dave Cook	May 02	June 02	Completed root cause analysis and corrective actions to prevent recurrence for the two white findings from June 25.
38	Conduct common cause analysis of EP issues over the past 2 years and include any additional corrective actions to prevent recurrence in the next revision of the TIP.(SCR 2002-0572)	Dave Cook	May 02	June 02	Corrective actions to prevent recurrence of EP problems from common cause analysis.
39	Implement ERO performance indicators to monitor staff augmentation, performance, and staffing; review at management review meetings.	G. Casto	Complete	Complete	Performance indicators developed and in management review package.
40	Conduct Effectiveness Review	TIP Team	Jun 03	Jul 03	Completed Effectiveness review

PERFORMANCE INDICATORS:

- ERO Staff Augmentation
- ERO Staff Performance
- ERO Staffing

RESOURCE REQUIREMENTS: **(TBD)**

(Attached is a copy of the Change Complexity Worksheet which must be filled out)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.2.2.1 – Emergency Response

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____5_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____4_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____4_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____2_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

3

7. Will this Change cause disruption of daily work?

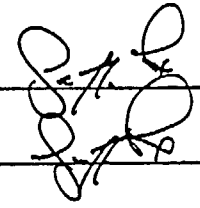
- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

3

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

26

PILLAR OF EXCELLENCE: Operational Excellence
FOCUS AREA: Outage Plan Development
ACTION PLAN TITLE: Outage Management
ACTION PLAN NUMBER: 5.2.3.1
WBS CROSS-REFERENCE No: 2.3.1 (2.3.2, 2.3.3, 1.1.1, 1.1.3)
COMPLETION DATE: June 2003
ACTION PLAN OWNER: Jeff Fox
FOCUS AREA OWNER: Jeff Fox

APPROVAL: 

APPROVAL:

PROBLEM STATEMENT:

Outage Management has not been in place to ensure that the necessary outage preparations have been completed and outage performance objectives are met.

CAUSAL FACTORS:

1. Station attention is not adequately focused for preparation of the refueling outage.
   (See Action 1, 2, 3, and 4)
2. Roles and responsibilities have not been adequately developed to clearly communicate outage expectations and performance requirements.
   (See Actions 1, 2, 3, 4, 8, and 9)
3. An established process was not in place to effectively capture lessons-learned from previous outages.
   (See Action 10)
3. Staffing of personnel in key outage positions were not adequate and assignments made to the Plant Organization for outage related duties and responsibilities are not timely or did not exist.
   (See Actions 5, 6, 7, 8, and 9)

DISCUSSION:

Management expectations and standards for the preparation and execution of refueling outages have not been effective. Personnel retention in key outage positions has impacted continuity in the establishment and assignment of outage related duties to key personnel. Due to competing

operational priorities, pre-outage planning and preparations have not typically received site-wide management focus/alignment sufficiently in advance of refueling outages to ensure in-depth assessment and adequate preparation for outage activities. The lack of clear expectations and well-defined roles and responsibilities has also impacted outage performance areas such as equipment tagging, work package level of detail, and management of and adherence to the outage schedule.

This results in late planning, lack of focus on outage preparations during the operating cycle, and inadequate recovery planning for missed pre-outage milestones.

Contributing factors to this area involve:

- Managers and supervisors have not aggressively established and reinforced expectations for the work management process during normal operation. This includes work package development, implementation of the 12-week work schedule and maximizing the ability to perform on-line work.
  (Addressed in TIP Action Plan 5.2.5, Work Package Development)
- Operational challenges have diverted management's oversight in ensuring station attention is adequately directed in preparation for the refuel outage.
  (Addressed in TIP Action Plan 5.1.1, Management Issues)
- Organizational continuity has impacted the ability to effectively enhance station processes involved in the preparation, implementation or monitoring of a refueling outage.
  (Addressed in TIP Action Plan 5.1.1, Management Issues)
- Scheduling resources required to initially develop and revise the schedule during the outage have been inadequate.
  (Addressed in TIP Action Plan 5.2.5, Work Package / Online Schedule Development)

OBJECTIVES:

- Roles, responsibilities, and expectations are strengthened and communicated for outage planning, scheduling, and implementation.
- Managers will provide sufficient oversight and resources to ensure that preparation for refueling outages continues despite day-to-day cycle operational challenges.
- Refueling preoutage outages milestones are established with accountability & commitment by the organization.
- The outage organizational structure is established, resourced and responsibilities defined to ensure established performance expectations.
- Managers, supervisors, leads and personnel are held accountable to meet established refueling preoutage milestones.
- Established process in-place to effectively identify lessons learned and incorporates them to improve outage performance.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Establish final RFO-21 Outage Performance Goals and Objectives.	Mike Coyle	12/02	12/02	RFO-21 Outage Performance Goals and Objectives published and communicated.
2	Establish RFO-21 Outage Milestone Schedule (RCR2002-0051 Action #2.			Complete	RFO-21 Outage Milestone Schedule.
3	Establish methodology to monitor performance against RFO-21 preoutage milestone schedule (RCR2002-0051 Action #2).			Complete	Methodology established to monitor performance against RFO-21 Outage Milestones. Reviewed weekly in the Leadership Meeting (see Below).
4	Initiate the monitoring of the station's performance in achieving the RFO-21 preoutage milestones and report performance each week in the Leadership Meeting for escalated management attention as required.			Complete	Enhanced Outage planning, scheduling and implementation performance.
5	Establish the outage organizational structure for outage preparations and identify personnel filling those positions (RCR2002-0051 Action #4).			Complete	Organizational structure established for outage preparations.
6	Ensure Outage Management Organization is adequately resourced to perform its intended function.	J. Fox	4/02	6/02	Outage Management Organization staffed in accordance org chart and communicated to site.
7	Establish the organizational structure for outage implementation and identify personnel filling,those positions (RCR2002-0051 Action #4).			Complete	Organizational structure established for outage implementation and communicated to site.

8	Revise CNS Procedure 0.50 Outage Management Process and the Outage Management Desk Guide, as appropriate, to incorporate: • Roles and responsibilities for each position necessary to prepare for or support implementation of the outage. • Process, timeline, standards and expectations for outage preparation activities. (RCR2002-051 Action #4)	J. Ruth	3//02	9/02	Revised CNS Procedure 0.50 Outage Management Process Roles and the outage Management Desk Guide.
9	Establish and communicate outage personnel assignments.			Complete	Outage Implementation Team, plant personnel, assignments documented and communicated.
10	Establish a process that effectively captures and internalizes lessons learned from station performance in key activities (RCR 2002-0051 Action #9).	R. Estrada T. Cook	3/02	11/02	Station process and appropriate procedures developed and implemented to address lessons learned.
11	Monitor management effectiveness of the outage process.	J. Fox		6/03	Effectiveness of execution of RE-21 will be documented in the RE-21 Post Outage Report.

PERFORMANCE INDICATORS:

- Preoutage Milestone Schedule Adherence

RESOURCE REQUIREMENTS:

The following specific resources requirements are required for this specific action plan.

- Outage resources necessary to develop and maintain the outage schedule
- Scheduling tool to develop and maintain outage schedule
- Resources to revise CNS Procedure 0.40 Work Control Program
- Resources to revise CNS Procedure 0.50 Outage Management Process and the Change Management Desk Guide
- Resources required to monitor performance against action plan.

(Attached is a copy of the Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.2.3.1 – Outage Plan Development – Outage Management

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____4_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____3_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____3_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____4_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

_____0_____

7. Will this Change cause disruption of daily work?

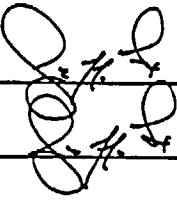
- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

_____3_____

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

22

PILLAR OF EXCELLENCE: Operational Excellence
FOCUS AREA: Outage Plan Development
ACTION PLAN TITLE: Planning/Timeliness
ACTION PLAN NUMBER: 5.2.3.2
WBS CROSS-REFERENCE No: 2.3.2 (2.3.1, 2.3.3, 1.1.1, 1.1.3)
COMPLETION DATE: June 2003
ACTION PLAN OWNER: Jeff Fox
FOCUS AREA OWNER: Jeff Fox

APPROVAL: 

APPROVAL:

PROBLEM STATEMENT:

Planning activities have not been completed to the degree required to support the development of a comprehensive outage schedule.

CAUSAL FACTORS:

1. Specific standards and expectations for the development of outage work packages are not well defined.
   (See Actions 2, 6, and TIP Action Plan 5.2.5.2, Work Package Development)
2. The Outage Scope Control Process was not effectively identified and managed thereby, impacting the planning process and execution of the refueling outage.
   (See Actions 1, 3, 4, 7, 8, 9, and 10)
3. Requirements for the inclusion of contingency planning were not adequately incorporated into the planning process.
   (See Action 5)

DISCUSSION:

Concerns with outage planning have been prevalent since 1994. The character of these problems and their impact on refueling outage performance has remained fairly constant over this period of time.

DISCUSSION:

Concerns with outage planning have been prevalent since 1994. The character of these problems and their impact on refueling outage performance has remained fairly constant over this period of time.

- Pre-outage planning has not typically received site-wide management focus and alignment sufficiently in advance of the refueling outage. (Addressed in TIP Action Plan 5.1.1 Management Issues & 5.2.3.1, Outage Management)
- A formal process was not in place to capture previous outages lessons-learned into the outage planning process. (Addressed in TIP Action Plan 5.2.3.1, Outage Management)
- A significant number of modifications were approved for incorporation after the modifications freeze date. (Addressed in TIP Action Plans 5.1.1 Management Issues & 5.2.3.1, Outage Management)
- A significant number of procedural changes were identified after the procedures freeze date. (Addressed in TIP Action Plans 5.1.1 Management Issues & 5.2.3.1, Outage Management)

OBJECTIVES:

- Roles, responsibilities, and expectations are strengthened and communicated for outage planning, scheduling, and implementation.
- Managers will provide sufficient oversight and resources for on-line / outage package development, planning, and scheduling.
- Specific requirements for outage work packages contents have been identified and incorporated into supporting procedures.
- Work packages are scoped, and adequately planned in accordance with the established milestones.
- Critical activities are identified and as required contingency planning performed.
- Scope is frozen in accordance with the established milestone.
- A process is in-place to manage and control scope growth.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Freeze Outage scope in accordance with preoutage milestone.			Complete	Scope identified and frozen.
2	Track development and completion of discipline outage work packages (corrective and PMs).	K. Talbott	5/02	10/02	Completed corrective and PM work packages.
3	Enhance the outage scope change process (OSCR) to address scope control with existing resources available ensuring safety issues & commitments are preserved and not delayed.	J. Ruth	4/02	8/02	Revised OSCR process.
4	Develop a prioritization and decision making tool to improve the consistency of prioritization and screening of work orders inclusive to determine if they should be performed in outage or forced outage. Work in conjunction with TIP Action Plan 5.2.5 Purpose/Accountability.	J. McMahan J. Ruth	6/02	8/02	All appropriate procedures revised.
5	Establish requirements to address compensatory measures and contingency plans have been identified, prioritized, and prepared.	J. Ruth	5/02	9/02	Requirements to address compensatory measures and contingency plans incorporated into CNS Procedure 0.50 Outage Management Process
6	Perform a sample review of outages work packages before the start of the outage to verify compliance with established expectations.	J. Ruth	8/02	10/02	Assessment of outage work packages completed and results documented and communicated to planning department.
7	Initiate Outage Scope Challenge Meetings to identify system/program scope to be incorporated into the outage.			Complete	System/Program scope identified.

8	Formalize process for Outage Scope Challenge Meetings by incorporation into CNS Procedure 0.50 Outage Management Process.	J. Ruth	7/02	9/02	Outage Scope Challenge Meeting Process incorporated into CNS Procedure 0.50 Outage Management Process.
9	Create performance indicator to trend outage scope post freeze date.	J. Dutton	6/02	8/02	Establishment of Outage Scope Growth PI.
10	Trend approved RFO-21 scope additions (OSCRS) in order to categorize and address cause for future outages.	J. Ruth	8/02	End of RE-21	Categorization of RE-21 scope addition OSCRs processes and report issued.
11	Monitor outage package planning effectiveness.	J. Fox		6/03	Effectiveness of execution of RE-21 will be documented in the RE-21 Post Outage Report.

PERFORMANCE INDICATORS:	**FREQUENCY**
• Preoutage Milestone Schedule Adherence	TBD
• Outage Scope Growth, TBD	TBD

RESOURCE REQUIREMENTS:

The following specific resources requirements are required for this specific action plan.

- Resources to revise CNS 0.50 Outage Management Program (or issuance of new procedure) to incorporate revised standards.
- Resources to perform work package assessment.
- Resource to develop performance indicator for scope growth post freeze date.
- Resources to categorize and track scope additions after freeze date.

(Attached is a copy of the Change Complexity Worksheet:)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.2.3.2 – Outage Plan Development – Planning/Timeliness

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____4_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____2_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____3_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____4_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

0

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

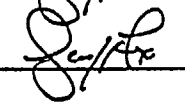
3

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

21

PILLAR OF EXCELLENCE: Operational Excellence
FOCUS AREA: Outage Plan Development
ACTION PLAN TITLE: Scheduling/Monitoring
ACTION PLAN NUMBER: 5.2.3.3
WBS CROSS-REFERENCE No: 2.3.3 (2.3.1, 2.3.2, 1.1.1, 1.1.3)
COMPLETION DATE: August 2003
ACTION PLAN OWNER: Jeff Fox
FOCUS AREA OWNER: Jeff Fox

APPROVAL: 

APPROVAL: 

PROBLEM STATEMENT:

Scheduling activities have not been completed to the degree required to develop a comprehensive and credible outage schedule.

CAUSAL FACTORS:

1. Managers and supervisors have not aggressively established and reinforced expectations for the work management process during normal operation (i.e., development and implementation of the 12-week work schedule).
   (Addressed in TIP Action Plans 5.1.1.2 Accountability and 5.2.5.1, Work Package / Online Development)
2. Difficulties in using SAP and P3 as an integrated planning / scheduling tool.
   (See Actions 1 and 2)
3. Planning activities are not detailed to the degree required to support the development of a comprehensive outage schedule.
   (See Action 3)
4. Responsibilities and expectations for monitoring schedule development and outage preparation have not been clearly defined and executed.
   (See Actions 4, 5, 6, 8, 9, 10, and 11)

DISCUSSION:

Problems with outage scheduling and monitoring have been prevalent at CNS since 1994 and were again experienced during RFO-20. In RFO-20, the impact of SAP (the station information management system including work management) further impacted the ability to develop a comprehensive and credible outage schedule. The lack of compatibility between these two scheduling tools impaired the outage management team's ability to prepare, status, and revise the outage schedule. The difficulties involved in maintaining the outage schedule decreased the ability

of the respective work groups to perform their work as scheduled. As a result the ability by management to monitor performance against the outage was reduced.

OBJECTIVES:

- A CNS Long Range Outage Plan is developed and issued to facilitate planning and funding of required modifications and major refurbishments.
- Information required to support development of a comprehensive and accurate schedule is provided through work packages and scope development meetings.
- Critical activities are identified and scheduled.
- Required planning and scheduling tools are implemented and personnel are knowledgeable in their execution.
- Comprehensive reviews and safety assessments are performed on the developed schedule.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Establish the scheduling tool to be used for development of the RFO-21 outage schedule. (RCR2002-0051 Corrective Action #3)			Complete	Scheduling tool established.
2	Implement the selected tool for scheduling. (RCR2002-0051 Corrective Action #3)	M. Gillian	5/02	9/02	Implementation of scheduling tool including documented test results and desk instruction.
3	Establish the level of activity detail to be incorporated into the outage schedule. Developed in conjunction with TIP Action Plan 5.2.5 2, Work Package Development -Completeness/ Accuracy/ Timeliness.	J. Ruth	5/02	8/02	Level of activity to be incorporated into schedule defined and documented in appropriate procedures.

4	Establish meetings with the appropriate Outage Implementation Team members to review schedule development and identify/resolve restraints. These meetings will be ongoing during development of the outage schedule. The date identifies establishment of the meetings.	J. Ruth	6/02	8/02	Meetings are scheduled on Station Calendar to review development and identify/resolve restraints.
5	Monitor schedule development performance against RFO-21 schedule development milestones.	J. Fox	6/02	4/03	RFO-21 schedule Development Milestones are tracked for completion.
6	Perform review of draft outage schedule (including Peers) to validate the completeness of the schedule including: • Safety, • Level of detail, • Durations, • Sequencing of activities, • Logic • Contingency planning, • Identification of critical activities • Resource loading of the schedule versus scoped work, and • Support requirements I	J. Fox	11/02	12/02	Validation of RFO-21 Outage Schedule and document exceptions and open issues
7	Establish CNS Long Range Refueling Outage Plan and Integrate it with the station's Strategic Business Plan.	J. Ruth	8/02	8/03	Integrated Long Range Refueling Outage Plan Issued.
8	Establish periodic meetings with management with defined addenda to appraise on outage readiness, decisions, and emergent restraints.	J. Fox	6/02	8/02	Meeting occurs periodically with frequency increasing as outage implementation date approaches.
9	Verify that the schedule provides sufficient margin to maintain key shutdown safety functions in accordance with Shutdown Risk Review.	J. Fox	12/02	1/03	Completed Outage Risk Assessment with recommendations.

10	Issue Rev 0 of the RFO-21 Outage Schedule in accordance with preoutage milestone.	J. Fox	1/30/03	1/30/03	Rev 0 of the RFO-21 Outage Schedule issued per pre-outage milestone.
11	Develop a summary outage schedule to assist in managing outage risks showing the relationship among significant work activities.	J. Fox	12/02	1/03	Summary outage schedule developed, issued and site personnel provided overview.
12	Monitor outage scheduling effectiveness.	J. Fox	5/21/02	6/03	Effectiveness of execution of RE-21 will be documented in the RE-21 Post Outage Report.

PERFORMANCE INDICATORS:

- Preoutage Milestone Schedule Adherence

RESOURCE REQUIREMENTS:

- Scheduling tools available, as required to support, schedule development in support of scheduling milestones.
- Scheduling resources to prepare RFO-21 Refueling Outage Schedule.
- Station resources to support required meetings supporting schedule development.
- Resources required to perform assessment/review of the developed schedule.

(Attached is a copy of the Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.2.3.3 – Outage Plan Development – Scheduling/Monitoring

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

_____4_____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

_____2_____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

_____3_____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

_____5_____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

_____4_____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

0

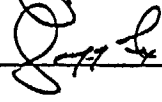
7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

3

Low: **Score 5 to 10**
Moderate: **Score 11 to 20**
High: **Score 21 to 30**

21

PILLAR OF EXCELLENCE: Operational Excellence
FOCUS AREA: Outage Execution
ACTION PLAN TITLE: Monitoring
ACTION PLAN NUMBER: 5.2.4.3
WBS CROSS-REFERENCE No: 2.4.3 (2.3.1, 2.3.2, 2.3.3, 1.1.1, 1.1.3, 1.2.1)
COMPLETION DATE: April 2003
ACTION PLAN OWNER: Jeff Fox
APPROVAL: 
FOCUS AREA OWNER: Jeff Fox
APPROVAL: 

PROBLEM STATEMENT:

Adequate monitoring of outage execution has not been effective to ensure conduct of outage meets established standards and expectations.

CAUSAL FACTORS:

1. Expectations for monitoring during outage execution were not clearly established and implemented to achieve desired performance. (See Actions 1 and 3)
2. Station Management did not regularly meet to assess outage execution ensuring timely resolution of emergent issues / restraints. (See Action 1 and 3)
3. Tools were not adequate to assist supervision in monitoring performance during implementation of the outage. (See Action 2)

DISCUSSION:

Weaknesses in outage work monitoring have been prevalent at CNS since 1994 and existed in the execution of RE-20. These weaknesses have been over- shadowed by other outage problems, such as outage planning, work execution, etc. There were many identified instances where effective monitoring would have provided a barrier to undesired performance.

OBJECTIVES:

- Management expectations and requirements for monitoring implementation of outages are defined and communicated managers and supervisors.
- Monitoring tools are clearly identified and managers and supervisors are knowledgeable on using the tools.
- Management and supervisors provide effective oversight of outage implementation.
- Unknown/Restraints, once identified are immediately resolved at the required level.
- Observations are shared to ensure that management is aware of performance and initiate action as required to correct undesired conditions.
- Management and supervision monitoring effectiveness is regularly assessed after the outage and captured in the lessons learned process.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Establish performance expectations and requirements for management and supervisors for monitoring outage implementation.	J. Ruth	6/02	9/02	Established performance expectations and requirements for management and supervisors for monitoring outage implementation and document in the appropriate procedures.
2	Identify and provide tools to monitor the outage process with emphasis on monitoring implementation performance.	J. Ruth	10/02	12/02	Tools identified and established to monitor outage process with emphasis on monitoring implementation performance
3	Meet regularly with station management to share individual monitoring assessments of performance / execution of the outage.	J. Fox	3/03	4/03	Management input from monitoring the outage process is provided to enhance oversight and correct performance as required
4	Monitor management and supervision effectiveness of the outage process.	J. Fox	3/03	4/03	Effectiveness of execution of RE-21 will be documented in the RE-21 Post Outage Report.

PERFORMANCE INDICATORS:

None

RESOURCE REQUIREMENTS:

The following specific resources requirements are required for this specific action plan.

- Resources to establish monitoring expectations and requirements for management and supervision
- Resources to implement monitoring during outage implementation.

(Attached is a copy of the Change Complexity Worksheet which must be filled out)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.2.4.3 – Outage Execution - Monitoring

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

4

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

2

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

1

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

5

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

4

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

_____0_____

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

_____3_____

Low: **Score 5 to 10**
Moderate: **Score 11 to 20** **19**
High: **Score 21 to 30**

PILLAR OF EXCELLENCE: Operational Excellence
FOCUS AREA: Outage Execution
ACTION PLAN TITLE: Contract Administration
ACTION PLAN NUMBER: 5.2.4.4
WBS CROSS-REFERENCE No: 2.4.4 (2.3.1, 2.3.2, 2.3.3, 1.1.1, 1.1.3, 1.2.1)
COMPLETION DATE: April 2003
ACTION PLAN OWNER: Tim Chard
APPROVAL: Tim Chard
FOCUS AREA OWNER: Jeff Fox
APPROVAL: Jeff Fox

PROBLEM STATEMENT:

Contractor performance has not been efficient, cost effective, or to high standards.

CAUSAL FACTORS:

1. Management oversight has not been effective in providing oversight of contactor performance. (Actions 2, 5, 6, 7, 8)
2. Roles and responsibilities have not been clear to CNS and Contract Management to ensure effective contract administration. (Actions 1, 2, 3, 4, 6, 7, 8, 9, 13, 14, 15, 16)
3. Contract requirements have not been specific with respect to contract performance measures, and quality standard for work at CNS. (Actions 1, 9, 10, 17)

DISCUSSION:

Weaknesses in monitoring of contractors work have been prevalent at CNS since 1994. The weakness was most recently identified in RE20. CNS had self-identified the weakness during its 1999 Engineering SA and the 1998 Strategy for Achieving Engineering Excellence. These weaknesses have existed for some time, but were only recognized and reported through CAP starting in 1998.

OBJECTIVES:

- Expectations regarding contractor performance are established.
- Organizations using contractor resources are knowledgeable of these requirements.
- Contractors are held accountable to perform against established measures.
- CNS provides oversight and trends contractor performance to assure compliance with expectations.

Note: The identified conditions have been focused at refueling outages. However, the corrective actions identified are also intended to address improved performance in preparing and implementing forced outages as well as refueling outages.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Benchmark stations having strong contractor control to obtain best practices.	T. Chard	7/02	9/02	Industry input identifying expectations and responsibilities for organizations utilizing contractors document and communicate results.
2	Assign an onsite owner who has overall responsibility for contract oversight.	M. Coyle	9/02	10/02	Individual by title assigned as overall owner of contract administration for the site.
3	Establish CNS expectations and responsibilities for organizations utilizing contractors	T. Chard	10/02	11/02	Established expectations and responsibilities for organizations utilizing contractors based on benchmark results.
4	Revise CNS Procedure 0.23 Contractor Control to incorporate expectations and requirements.	H. Minassian	11/02	12/02	Revision to CNS Procedure 0.23 Contractor Control
5	Establish performance indicator to measure effectiveness of contractor control.	T. Chard J. Dutton	12/02	01/03	Performance indicators established to monitor contractor performance.
6	Establish a process that identifies applicable CNS Supervision who will be responsible for their respective contractor performance.	R. Dewhirst	10/02	11/02	Input into the revision to Procedure 0.23, Contractor Control

7	Identify applicable CNS Supervision who will be responsible for their respective contractor performance for RE-21 and communicate to Outage Manager.	R. Dewhirst	10/02	11/02	CNS personnel identified by name responsible for respective contractor performance.
8	Ensure that the Outage Implementation Team is aware of their responsibilities and accountability to ensure appropriate contractor control, specifically crew leads; project managers, system window owners, and area coordinators.	J. Fox	10/02	11/02	Outage Implementation Team established that ensures adequate contractor control.
9	Determine QA Program responsibilities for Contract oversight.	H. Minassian	10/02	11/02	QA Program requirements established for inclusion in the contract boilerplate.
10	Revise Contract boilerplate language to include contract performance requirements and measures, including consequences of full compliance as well as any non-compliance. Ensure contract details training and qualification requirements, safety requirements, cost control measures, administrative requirements, etc.	H. Minassian	6/02	01/03	New contracts let have the revised boilerplate language that ensures that performance standards are established and written such that there is confidence that contract administrators and contractors understand them.
11	Perform Training Needs Analysis, and determine the appropriate target audience, on Contract Control Procedures, Roles and Responsibilities. Target audience, as a minimum, includes employees who oversee contract personnel or develop contracts, Project Managers, and temporary outage positions that deal with contractor oversight.	J. Christensen	10/02	11/02	Needs analysis complete, training scheduled and for RE-21 and non-outage related contract control.
12	Develop Lesson Plans for Contractor Control based on needs analysis results.	J. Christensen	11/02	12/02	Lesson Plan developed and approved.
13	Establish a Contract Oversight Team for RE-21.	H. Minassian	11/02	12/02	Team determined and communicated to organization.

14	Provide training for personnel who oversee contracts for RE-21 as determined in needs analysis.	J. Christensen	01/03	03/03	Training complete for all personnel with contract oversight responsibilities in RE-21.
15	Provide training for remaining personnel who oversee contracts as determined in needs analysis.	J. Christensen	7/03	10/03	Training complete for all personnel with contract oversight responsibilities.
16	Communicate Contractor Control expectations to the site prior to RE-21.	T. Chard	02/03	03/03	Talking paper provided to managers and supervisors that describe expectations for contractor oversight during RE-21.
17	Communicate Contractor responsibilities to RE-21 Contract Management.	Contractor Control Owner	1/03	4/03	Responsibilities and contract requirements explained to contract management.

PERFORMANCE INDICATORS:

- Effectiveness of Contractor Control, TBD

RESOURCE REQUIREMENTS:

List specific resource requirements for the action plan.

- Resources to establish contractor performance requirements
- Resources required to Revise CNS Procedure 0.23 Contractor Control
- Resources to develop required training
- Resources required to establish contract requirements in the boilerplate.

(Attached is a copy of the Change Complexity Worksheet)

TIP
Change Complexity Worksheet

Description of the Change:

Action Plan 5.2.4.4 – Outage Implementation – Contract Administration

1. How many people are affected by this change?

- One work group under one supervisor . . . . . Score 1
- One department . . . . . Score 2
- No more than four departments . . . . . Score 3
- More than four departments . . . . . Score 4
- Most of the site population . . . . . Score 5

____4____

2. What will this change cost to implement (exclude training costs and ongoing costs)?

- Less than $5,000. . . . . Score 1
- More than $5,000 but less than $50,000. . . . . Score 2
- More than $50,000 but less than $300,000. . . . . Score 3
- More than $300,000 . . . . . Score 4

____2____

3. What training is required for this change?

- No training is required. . . . . Score 0
- Training consists of communication only, no classroom Score 1
- Classroom training for 1 department/people from several disciplines Score 2
- Classroom training for multiple departments. . . . . Score 3
- Classroom or workplace training for most of the site Score 4

____1____

4. How will this change affect Cooper processes?

- Modifies part of a process. . . . . Score 1
- The Change modifies or replaces an entire process Score 3
- The Change affects multiple, integrated processes Score 5

____5____

5. Upon completion, how will this Change affect staff workload?

- Reduces work . . . . . Score 1
- No new work. . . . . Score 2
- Distributes work from one group to another. . . . . Score 3
- Adds new work. . . . . Score 4

____4____

6. Will this Change require organizational changes?

- No organizational realignment required . . . . . Score 0
- The Change affects the organization of one division Score 1
- The Change affects the organization of multiple divisions Score 2
- The Change affects most organizations on site . . . . Score 3

_____0_____

7. Will this Change cause disruption of daily work?

- Effects a few daily tasks . . . . . Score 1
- Effects few, but the tasks are highly valued . . . . . Score 3
- Effects most of the daily tasks. . . . . Score 5

_____3_____

Low: **Score 5 to 10**
Moderate: **Score 11 to 20** **19**
High: **Score 21 to 30**